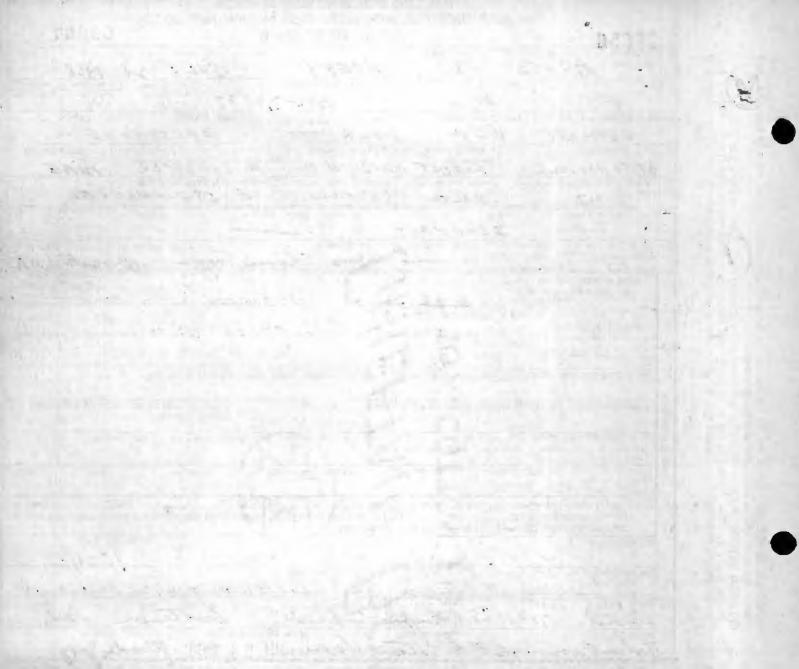
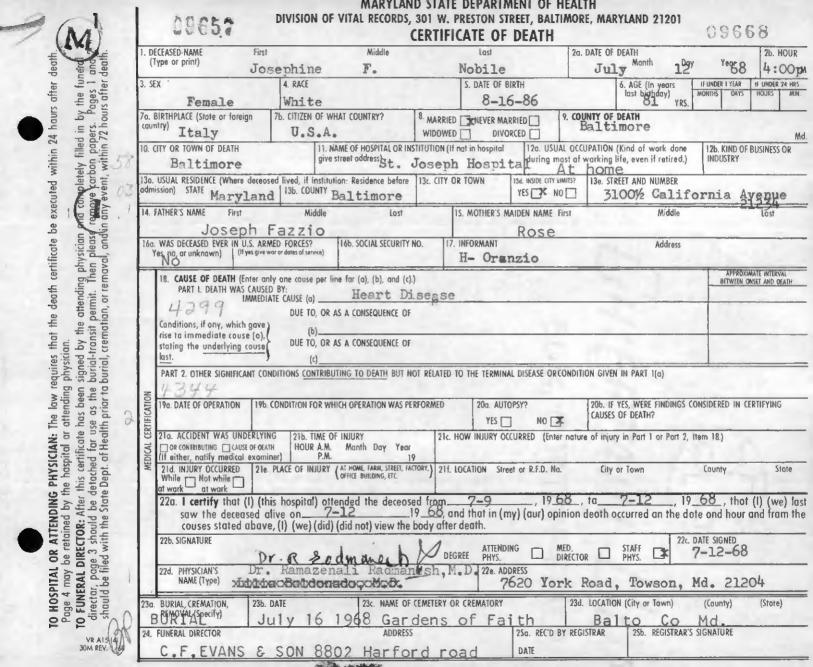
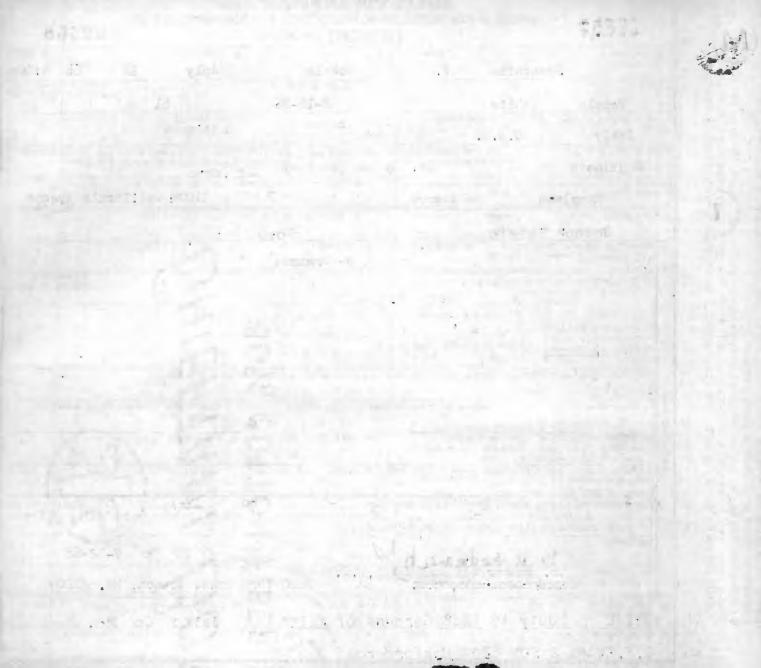
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09667 CERTIFICATE OF DEATH First Middle lost 20. DATE OF DEATH 2b. HOUR hours after death (Type or print) 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) W AUG. 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED remove carban papers. In any event, within 72 h U. S. A. BALTIMO RE WIDOWED DO DIVORCED [ campletely filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of warking life, even if retired.) INDUSTRY HOME CATONSVILLE 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13€ CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY 58 DUNGARRIE RD. CATONSVILLE YES BALTO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Lost puo DENN HART 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) cremation, or removal 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) \_ 12 11 3600011 DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p burial, crematic Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause be retained by the haspital or attending physician 11551456 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **FUNERAL DIRECTOR:** After this certificate has been irectar, page 3 shauld be detached far use as the hauld be filed with the State Dept. af Health prior ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO 🗔 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work saw the deceased alive an 2/20 1968, and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) director, NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE 23d. LOCAJION (City or Town (County) Com 0 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH



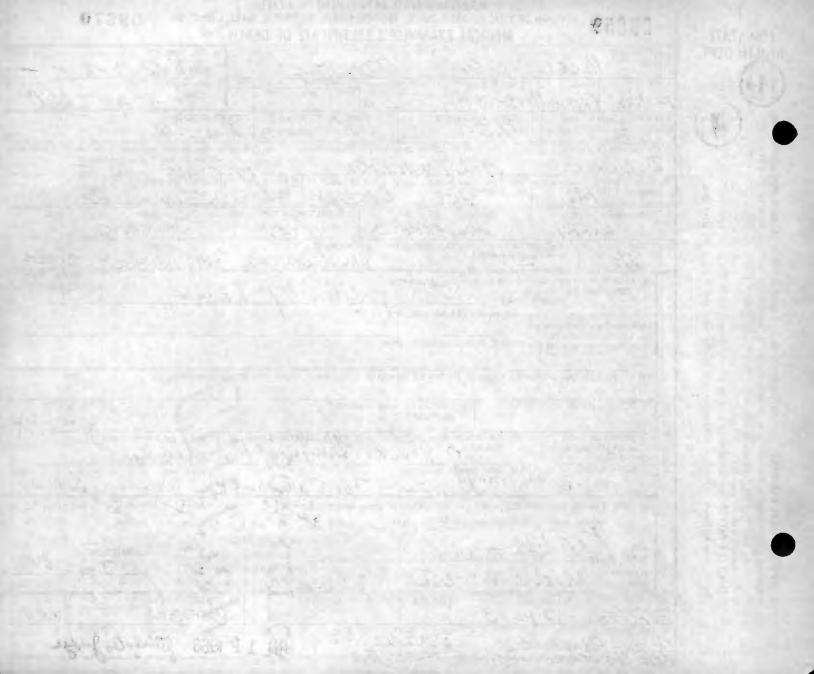




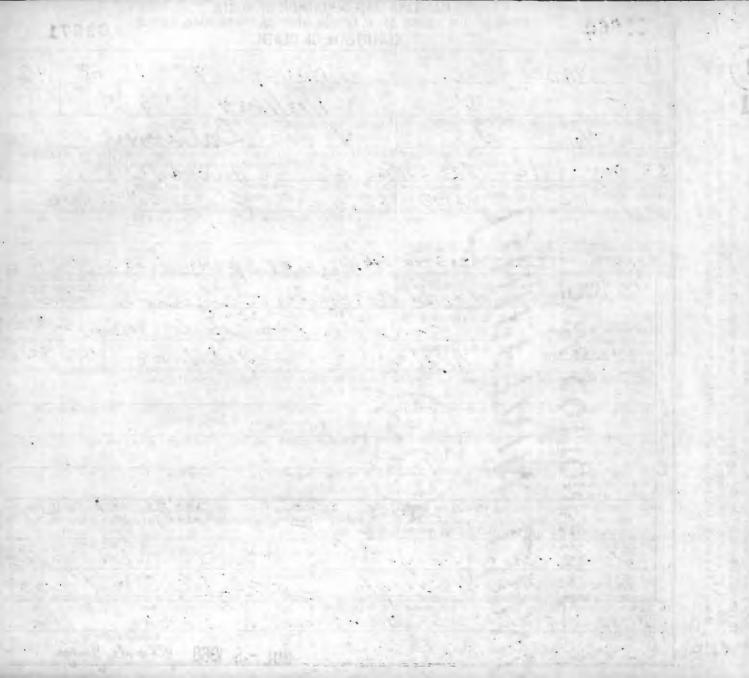
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09669 CERTIFICATE OF DEATH First Middle 1. DECEASED-NAME Lost 2a. DATE OF DEATH 2b. HOUR deoth. (Type or print) harles NUSTNOV KXXXXXXXXXXXX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR WHITE last birthday) bon papers. Pa within 72 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED - NEVER MARRIED BALTIMORE USSIA WIDOWED [ DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during most of working life, even if retired.) 13e. STREET AND NUMBER burial, cremation, or removal, and in any event, 13c. CITY OR TOWN 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13b. COUNTE ALTIMORE NO X9101XXXXXX 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First guo requires that the death certificate be Morris NUSTNOV **EDITH** PLATT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) MRS. EDITH NUSINOV. 9101 BENGAL ROAD #21133 216-32-8151 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Canditians, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 190. DATE OF OF RATION S 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? NO E YES [ 20/68 CATCIDOMA 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of wark O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from... , 1965 , ta\_ director, page 3 should should be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S brams NAME (Type) 220 Amus 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) MARYLAND EL MEMORIAL BAXXX RANDALLSTOWN. 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE REISTERSTOWN ROAD #15 24. FUNERAL DIRECTOR 1968 30M REV.

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L EXA ecute Page or you R: Pag		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry	ond in my opinion
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-11			MARYLAND STATE DEPARTMENT OF HEALTH
Z	1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH
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· E 8	4 100	10. C	TITY OR TOWN OF DEATH  TILL DENIS MAN OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if settred.)  TILL NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if settred.)  TILL NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if settred.)  TILL NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if settred.)
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ne death cr attending permit. Th			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (o),  stating the underlying cause  DUE TO, OR AS A CONSEQUENCE OF
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L OR AT	<u>~</u> ≥		226. SIGNATURE  ATTENDING  DEGREE  PHYS.  226. ADDRESS  226. DATE SIGNED  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TO HC Page	Spire Spire		BURIAL, CREMATION, PARTIES 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town) (County) (Stote), PARTIES TO PROPERTY OF CREMATORY 23d. LOCATION (City or Town)
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	3	EX	4. RACE	S. DATE OF BIRTH	6.	AGE (In years		IF UNDER 24 HRS.
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PIT. ERA	1	NAME (Type)	Yac Laughlin	303	3 . Kalli	ng Road		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhould be filed with the State Dept. of Health priar to burial, crease.	23	BUR AL, CREMATION, 236 Di	ATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (	(City or Town)	(County)	(Stote)
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(1)	1 24	FUNERAL DIRECTOR	ADDRESS	2So. REC	D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
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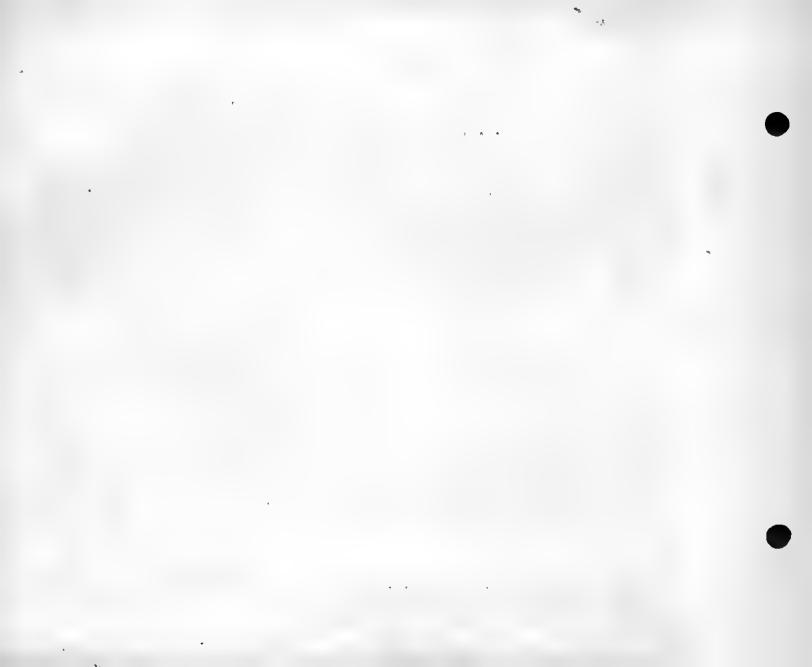
22-1	MARYLAND STATE DEPARTMENT OF HEALTH  Of A Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201
FOR/STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	DECEASED NAME   First   Month   Day Year   2b. Hou   OF ESTI-   7 28   19 687a
ny detoy T, 2, ond 3 m PM3. Po Department	3 SEX Female Cauc S DATE OF BIRTH S 16 AGE (1) years 16 JNDER 1 YEAR 16 JNDER 24 HRS 20 DATE PRONOUNCED DEAD North
form te Depo	7a BIRTHPLACE (State or foreign   7b (IT:ZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   COUNTRY)   Md.   U.S.A.   WIDOWED   D.VORCED   Baltimore
24 hours ofter death in Item 18. Give Poges r's Office along with for es land 2 with the State rrs ofter death	10. CITY OR TOWN OF DEATH  TOWSON  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspita during most of working life even if refused)  GBMC  120. USUAL OCCUPATION (Kind of work done during most of working life even if refused)  INDUSTRY
hours ofter Item 18. Giv Office along ond 2 with	130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. (ITY OR TOWN odmission) STATE Md. 13b COUNTY Balto. ✓ Balto. 13d INSIDE CTY LIMITS? 13e. STREET AND NUMBER 420 Cedarcroft Rd.
thours   them     Office   and 2   offer d	14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Edward B. Owens Kate Cassard
pencil in aminer's e poges 2 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Tyes give war or dates of service)  16b. SOCIAL SECURITY NO.  17 INFORMANT  John K. Barbour 1105 Fidelity Bldg.
This certificate should be executed within 24 hours after death cate, writing the word "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Cheef Medical Examiner's Office along with form be used as a burid-transit permit. Fle pages land 2 with the State Dear removal, and in any exem within 72 hours after death	APPROXIMATE MERVAL  BETWEEN ONSET AND ORATH  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Inse to immediate cause (a)  Stating the under ying couse  Out TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITIONS CONTR BUTING TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITION G VEN IN PART 1(a)  PART 2 OTHER SIGNIFFICANT CONDITION G VEN IN
ICAL EXAMINER:  e execute the certificator. Page 4 should 1 feet your files.  CTOR: Page 3 should burial, cremation, a	19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21c EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR AM. CAUSE OF DEATH  2 d No.URY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WOR
TO DEPUTY  necessary, please the funeral directo 5 may be retained TO FUNERAL DIRECT Health prior to bu	ACTUAL SIGNATURE CAPITAL CAPITAL ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DE
5 E E NO E	23d BURIAL, CREMATION, REMOVALISHED PRODUCTION (City of Town) (County) (Stote)  7/31/68   Creenmount Cemetery Baltimore, Md.
VR A15ME (5)	24. FUNERAL DIRECTOR  ADDRESS



Item 22a Film DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First 20 DATE KNOWN (Type or Print) ESTI DEATH MATED \$7/ 1968 JAMES PAGE MICHAEL IF UNDER & YEAR IF UNDER 24 HRS 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years 2: DATE PRONOUNCED DEAD DIII. 2d HOUR tost birthdayl Month 1968 18 þ Male White 9-29-49 76 CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or fore.an MARRIED TNEVER MARRIED IN 9. COUNTY OF DEATH COUNTRY) Baltimore, Md WIDOWED [ DIVORCED [ BALTIMORE U.S.A. pencil in Item 18. Give Pages IC CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.)
Studen t Page Farm - Glenarm Road INDUSTRY GLENARM School with t 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN death. 3d INSIDE CITY , MITS? 13e STREET AND NUMBER odmission) STATE Md. 13b COUNTY Baltimore Glenarm Page Farm YES TO NO TO lond2 Office 14 FATHER'S NAME Middle Lost IS MOTHER'S MAJDEN NAME First Middle Lost Harry Page Frances Evans poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS within (Yes\_no, or unknown) 217-50-0997 Harry F. Page Box 68. Glenarm. Md APPROXIMATE INTERVAL ⊑ within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (0) \_\_\_ Asphyxia DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave (b) Hanging nse to immediate couse (a) DUE TO, OR AS A CONSEQUENCE OF the word stoting the underlying couse .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AuTOPSY? WAS PERFORMED? YES 🔲 NO V 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manyh, Day Year 21t HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) MEDICAL PRIMARY XOR CONTRIBUTING HOUR A.M. PM 7-25 Found hanging in storage building CAUSE OF DEATH 2 d INJRY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f . OCATION Street or R.E.D. No. City or Town County factory, office building, etc.) WHILE NOT WHILE T Page Farm Glenarm Rd. Glenarm Baltimore farm 220 I certify that I took charge of the remains described above, held on Autopsy ..... Inspection X. ond in my opinion Inquiry , deoth resulted from: Natural causes Accident . CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER #ulv 25, 1968 **EXAMINER'S** 5 moy 10 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) REMOVAL (Specify) DulanevValley Mem. Grds. Timonium. Balto. Co., Md. Burial 24 FUNERAL DIRECTOR H.W. Jenkins 4905 York Rd. 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE & Sons Co. Ochowler 1968 VR A15ME (5) 10M REV 1/68

AMAKTLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	·	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED NAME Type or Print)  Edwa Middle  Peck  20. DATE KNOWN Month, Day Year 12b HOUR OF ESTI- DEATH MATER  1965 1 25
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24 haurs office is office is land?	14	ATHER'S NAME first Andreway Ford. Is MOTHER'S MAIDEN NAME First Middle Horling
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his certificat ate, writing e farwarded be used as c removal, ar	CERTIFICATION	19g. CONDITION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES \( \sum \) NO \( \sum \)
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= 5 × ± € 51	ME	21d INJURY OCCURRED  WHILE AT WORK AT WORK AT WORK  21e. PLACE OF INJURY (At hame farm street, foctory, office building, etc.)  21f. LOCATION Street or R.F.D. No  County State
bical EXAM lease execute the director. Page 4 estained for your DIRECTOR: Page r to burial, cren		220. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinior death resulted (ram) Natural causes Accident , Suicide , Homicide Undetermined monner
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o DEPUTY necessary, pl the funeral d 5 may be ref o FUNERAL D Health prior		SIGNATURE  EXAMINER'S NAME (Type)  FT. KA-SIK TR  M.D. ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city town, or county)
Tor Tor Hee	230	BURIAL CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 1 23d. LOCATION (City or Town) (County) (State)
VR A15ME (S)	24	FUNERAL DIRECTOR,  FUNERAL DIRECTOR,  ADDRESS  ADDRESS  250 RECURENCE REGISTRAR REGISTRAR REGISTRAR REGISTRAR SIGNATURE PROPERTY AND A 2 12 14 15 16 16 16 16 16 16 16 16 16 16 16 16 16

MAKTLAND STATE DEPARTMENT OF HEALTH



7		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	/2
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	778
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	13a	USUAL RESIDENCE (Where deceased lived if institution, Residence before) 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
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MAKYLAND STATE DEPAKTMENT OF HEALTH



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o DEPUTY necessary, p the funeral 5 may be re 0 FUNERAL Health pria		NAME (Type)	HOTHEL	O. OPI				ADDRESS(Street	, city, tow	n, or county	/)			
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	l.	20.00		D STATE DEPARTMENT			
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				CERTIFICATE OF DEAT	rh		
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eat eat eat	(	Type or print) EMMA	~ <b>T</b>	PLATE	July	Manth 17 Day	68 Year 9;45M
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hood Jack	COUI	BIRTHPLACE (State or foreign ntry) Maryland	b citizen of what country?	8. MARRIED \( \bigcap \) NEVER MARRIED \( \bigcap \)	9. COUNTY OF I		
d i d	_		U.S.A.	WIDOWED X DIVORCED			Md
File File		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital 12a	USUAL OCCUPATION (	Kind of work done	12b KIND OF BUSINESS OR
# · * * * * * * * * * * * * * * * * * *	19	Catonsville	gwstreet oddress)Nurs	ing Home	ng Astos ewing	(e, even ii retired.)	INDUSTRY
d v	13a.	USUAL RESIDENCE (Where deceased	lived, if institution Residence before	13c. CITY OR TOWN 13d INSIDE		ET AND NUMBER	
eve eve	odm	(SSION) STATE Maryland	13b COUNTY Baltimore	Baltimore YES	NO 😡 1224	Ten Oaks	Road 27
physician.  signed by the attending physicial and completely filled in by the funeral burial-transit permit. Then please remave carbon pages? Pages I and 2 burial, cremation, or remaval, and in any event, within 72 peacs ther death		FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NA		Middle	Last
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2 3 2	160	. WAS DECEASED EVER IN U.S. ARME		Unknown 17. INFORMANT		Address	
er parici			or dates of service)	Dolores M. E	lalacta 10		. D.J. 01007
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he deoth cer e attending p permit. The lian, ar reman		THE CAUSE OF DEATH (Enter only	one cause per liperfar (a), (b), and (c)	0.00 1.	121.0	~~~	BETWEEN ONSET AND GEATH
eot end nit.		PART I. DEATH WAS CAUSED IMMEDIATI	CAUSE (o)	BOUND TEC	C 01)	С,	
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ow oding or t	N S	190 DATE OF OPERATION 119b. CO	ONDITION FOR WHICH OPERATION WAS PE	REFORMED 200 AUTOPSY?	20h JE 3	ES WERE FINDINGS CO	NSIDERED IN CERTIFYING
the the se of th	[ 돌					OF DEATH?	•
Tip de	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b TIME OF INJURY	21c HOW INJURY OCCURRED		in Boot 1 or Boot 2 Is	am 101
al Car		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year	ZIC HOW INDURY OCCURRED	fritter untote or minth	in ruii i Qi ruii 2, ii	3111 10 )
printing be a fair from the control of the control	MEDICAL	(If either, notify medical examine					
ept so se te	2	21d INJURY OCCURRED 21e P	LACE OF INJURY (AT HOME FARM, STREET, FAC	TORY,) 21f LOCATION Street or R.F.	D Na. City a	r Town	County State
ATTENDING PHYSICIAN: stained by the haspital or TOR: After this certificate shauld be detached for util the State Dept. af Hea		While Nat while at work					
ll frer frer stat		22a. I certify that (1) (this	hospital) ottended the decease	ed from Carrie G	1900, to_	we 17, 196	, that (I) (we) lost
IND SEA	1	saw the deceased oil	(I) (we) (did) (did not) view the	yat, and that in (my) (our	:) opinion death-6	curred on the dat	e and hour and from the
# 15 E S S S S S S S S S S S S S S S S S S	1		(i) (we) (did) (and not) view the	body offer deoffi.		1 00 0	LTE BLOWER
William 3		22b. SIGNATURE	E. O.	ATTENDING IN	MED _	STAFF	ATE SIGNED
be r DIRE		anen	- Thechus	PAREGREE PHYS	DIRECTOR L	PHYS.	118/08
TAI AI Pool fu		224 PHYS CIAN'S MAME (Type) Dr. Fr	ederick, James N	22e ADDRESS	2 - 1	0 31	16 Med
NER 4 1 1 d 2.			· · · · · · · · · · · · · · · · · · ·	7 - 2 . 416	ancis 4	of sout	70. 1100
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	<b>2</b> 3 a	BURIAL, CREMATION, 23b DA		CEMETERY OR CREMATORY		(City or Tawn)	(County) (State)
5 × 5 ± 2 × €				n Park Cemetery			Baltimore Md.
VR A15 M)		FUNERAL DIRECTOR	ADDRESS		EC'D BY REGISTRAR	2Sb REGISTRAR S S	
30M REV 1768,		Howard H. Hubba	rd, 4107 Wilkens	Ave. Batto. DATE	UL 2 2 196	8 golion	Can Judge



	1			D STATE DEPARTMENT OF		
1		39673		301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		09684
ral nd 2 sath.		CEASED NAME First ype or print)	EQ-POBARAL	Lost	20. DATE OF DEATH	y Year 2b. HOUR
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iin 24 haurs filled.m by papers papers hin 72 Tur	cout	Try) -md.	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVERMARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  Balle Care	Ta Md.
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Any ictan please val, and i		WAS DECEASED EVER IN U.S. ARM es, no, or unknowe) (If yes give ye	ED FORCES? 16b. SOCIAL SECURITY ar or dates of service)	NO. ATTINFORMANT OF	Brooks 5305	morava al
law requires that the death tertificate be executed within 24 haurs after death nding physician. Been signed by the offending physician and campletely filled in by the funeral sthe burial-transit permit the please remave carbon papers. Pages I and is the burial, crematian, or removal, and in any event, within 72. Sursafter death ior to burial, crematian, or removal.		18. CAUSE OF DEATH (Enter on PART I: DEATH WAS CAUSED IMMEDIA  LT / 2  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying cause lost	y one couse per line for (a), (b), and (c) BY TE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF	VD (Aortic I. Beneralized	Arlerios clero	APPROXIMANT INTERVAL BETWEEN ONSET AND DEATH  YEARS  (Letter S
0 0 0 °	CERTIFICATION	if a	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OF REFORMED 200 AUTOPSY?  YES NO [	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
AN: 1 al ar icote far us Healt	MEDICAL CERT	21o. ACCIDENT WAS UNDERLYIN  OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examin  21d. INJURY OCCURRED 21e.	HOUR A.M. Month Doy Yeor er) P.M.	21c. HOW INJURY OCCURRED (En	ter nature of injury in Port 1 or Port 2	County State
IDING J by th After th J be de		at work of work 220. I certify that (I) (this saw the deceased of causes stated obave	e bacnital\ attanded the decore	ed from 4 - 12 - 19. 9 68, and that in (my) (our) o body after death	65, ta 7-29-1 pinion death occurred on the d	
~ ~		22d. PHYSICIAN'S NAME (Type) CE JAR	VALLE CAVERO	DEGREE ATTENDING PHYS  M · D . 22e. ADDRESS	MED DIRECTOR D STAFF 7	DATE SIGNED
TO HOSPITAL OR Page 4 may be to FUNERAL DIR director, page 3 shauld be filed 3	230	BURIAL, CREMATION 23b. E		CEMETERY OR CREMATORY  LE STREETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote) Me
VR A15 (1) 30M REV. 1368	24 -Z	FUNERAL DIRECTOR COOP!	7200Hafine ADDRES	Read 250. RECT	PL REGISTRAR 1968 REGISTAR	Signature



	CERTIFICATE (	
1	DECEASED NAME First Middle lost	. 2a. DATE OF DEATH ) Month Day Year
	Koss W tr	1 C & Sr. J. C.C. 16, 16, 1560 1/2 M
L	MACE WHITE 1	OF BIRTH  6 AGE (In years Fuller 1 YEAR IF JINDER 24 HRS.  10 - 29 - 189 7 10 YRS.  10 YRS.
7.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED THEVER TO 17 17 17 17 17 17 17 17 17 17 17 17 17	MARRIED 9 COUNTY OF DEATH  DIVORCED 6ALTO. Md
	CITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If not in hosping give street oddress)  Shang of Language	4 C ~ during most of working life even if retired )   INDUSTRY
. 0	o USJAL RESIDENCE (Where deceased lived, if institution, Residence before 152 CITY OF TOWN   Inissian) STATE Md, 13b, COUNTY Baltimore - Sixxiax (1xxx)	YES⊠ NO□ 3412 Copley Road
LZ T		'S MAIDEN NAME First Middle Lost
7		Witherspoon
	66 WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no or unknown) (If yes give wat or deles of service)  16b SOCIAL SECURITY NO  17. INFORMAN	*******
F	110 1035 11	J. Price, Jr804 Maple Rock Dr.
	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY.	Ellicott City, Md, 2 happenant myteval
	IMMEDIATE CAUSE (a)	rance of the stomack toma
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove	
	rise to Immediate couse (a).  stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
	lost. (c)	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	151 X	•
	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. YE. 210. ACCIDENT WAS UNDERLYING 216. TIME OF INHIRY 2216. HOW INITIAL	AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
,	YE	2   NO
	DOR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Your   19	Y OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18)
1	While Nat while at work of work of work	
П	22a. I certify that (I) (this haspital) attended the deceased from saw the deceased alive an way \$ 19 6 4 and that in	cel, 1965, to laky 10, 1968, that (1) (we) last
	causes stated above, (I) (we) (did) (did nat) view the bady after death.	(my) (aur) apinian death accurred an the date and haur and fram the
	22b SIGNATURE	22c DATESIGNED/
	Jalland 911 Cas, PILEDEGREE PHY	ENDING MED STAFF   1/10/60
1	22d. PHYS CIAN'S NAME (Type) 22e	ADDRESS
7 2	O BURIAL, EREMATION, 236. DATE 230 NAME OF CEMETERY OR CREMATOL	RY [ 23d. LOCATION (City or Town) (County) (State)
7	REMOVAL (Specify) Burial 7-15-68 Woodlawn Cemet	ery Baltimore, Maryland
	I. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SEGNATURE
E	llsworth Armacost-4600 Liberty Hghts.A	e. DATE OF TOTAL

MAKTLAND STATE DEPAKIMENT OF HEALTH

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_ 1			) STATE DEPARTMENT		
1	226 <b>75</b>	•	ERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	09686
Į.	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b, HOUR
	flype or print)	» « /		Month Do	
	John SEX	4 RACE	Raidy Is DATE OF BIRTH	July 23	IF UNDER YEAR   IF UNDER 24 HRS
3.				last birthday)	MONTHS DAYS HOURS MIN
-	Fale	White	Sept. 1		
0	o BIRTHPLACE (State or foreign 75 ountpx)		8 MARRIED NEVER MARRIED		
L	Baltimore D. CITY OR TOWN OF DEATH	U:S:A.	WIDOWED DIVORCED	Baltimore   USUAL OCCUPATION (Kind of work done	Md. 126 KIND OF BUSINESS OR
ľ		nive street address)	der	ing most of working life, even if retired.)  Material Control	INDUSTRY U.S. C.G.
1	Paltimore, Md.	5711 Edmon		Material Control E CITY DAM TS? 13e STREET AND NUMBER	U.S. C.G.
	dmission) STATE	13b COUNTY	YES		lson Ave.
F	aryland FATHERS NAME First	3altimore Lost	IS. MOTHER'S MAIDEN N		Lost
T		ldy (deceased)		Martha	2031
H	60. WAS DECEASED EVER IN U.S. ARMED			Address	
ı	Yes, no, or unknown) (It yes give word	215-01-45	2 Mrs. Marie	Raidy,5711 Edmondso	n Ave.,21228
F	18 CAUSE OF DEATH (Enter only	one couse per line for (a) (b) and (c))	<del></del>	. ^	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Н	PART I. DEATH WAS CAUSED B	one couse per line for (o), (b), and (c).)  Y:  CAUSE (o)  COCONAL	- a tem der	lonean	SCHOOL SUST AND VENIE
1	410 9	DUE TO, OR AS A CONSEQUENCE OF	7	0.	
	Conditions, if any, which gave >	10 acute	"Imxocardial	Infarction -	
-1	nse to immediate couse (o), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	2 0 1		
П	lost	(1) Attorios	clerofic Cardio	Vage, Diseane	
	PART 2. OTHER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART 1(o)	
1	S 7 . ,				
	190. DATE OF OPERATION 19b CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (	CONSIDERED IN CERTIFYING
	£.			NO DEL	
П	210. ACCIDENT WAS UNDERLYING TO DR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. Manth Day Year	21c HOW INJURY OCCURRED	(Enter nature of injury in Port 1 or Port 2,	Item 18)
l	(If either, notify medical examiner	) P.M. 19			
Г	21d INJURY OCCURRED 21e. PL	ACE OF INJURY (AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC.	DRY.) 21f LOCATION Street or R.F	D. No. City or Town	County State
П	of work at work				78
1	22a. I certify that (I) (this	haspital) attended the decease	d fram	19 5 /, to /- 28 , 19 r) opinion death accurred an the d	Land hour and from the
н	causes stated above.	H) (we) (did) (did not) view the b	oodv after death.	Hobiikan death accorred an the a	are ong noor and traili the
н	225 SIGNATURE	11/		22<	DATE SIGNED
П	- To	ATTURA M	DEGREE PHYS	J MED STAFF D STAFF	1-29-68
1	22d PHYSICIAN'S	00%	22e. ADDRESS	51 1 1	Bullo Snl
	NAME (Type) Harry	Knipp MD.	7116	Celmonder Ano	71779
2	30 BUR AL, CREMATION, 23b. DA		EMETERY OR CREMATORY	23a. LOCATION (City or Town)	(County) (State)
1		/31/68 Lakev:	iew Mem. Park	Sykosville, M	
1	4. FUNERAL DIRECTOR Witako, A101 Ed	mondson Ave., 212	2501	SECTION OF STREET STREET STREET	O Charles
			DATE		U -



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09687 CERTIFICATE OF DEATH 1. DECEASED NAME LBERT Last TULY Month -(Type or print) ve corbon popers. Pages I event, within 72 hours ofter S. DATE OF BIRTH F JNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years lost birth WEGRO completely filled in by 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED country) Baltimore County WIDOWED | DIVORCED [7] 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Mount Wilson St. Hosp. during most of working life, even it retired) INDUSTRY remove corbon Mount Wilson, Md. 13c CITY OR TOWN 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before. BALTIMORE 2619LAURETTA edmission) STATE 13b. COUNTY YES NO! burial, cremation, or removal, and in any 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First REED WALKER 17 INFORMANT certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, na, or unknown) [III yes give war or dates of service] Records, Mt, Wilson State Hospital APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART 1. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CARC that the death CARCINDMA OF LUNG mo. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave ) **burial-transit** rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF 27:52: stating the underlying cause signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TUBERCULOSIS **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to LMUNDARY 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION CAUSES OF DEATH? 10JULY 68 OF YES [7] 21g. ACCIDENT WAS LINDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1/30NE, 1968, ta 76JUZ, 1968, that (I) (we) last saw the deceased alive an 26JUZ 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (we) (did) (and not) view the bady after death. 22c DATE SIGNED 22b SIGNATURE MED. DIRECTOR DEGREE Mount Wilson, Maryland 22d. PHYSICIAN'S Wm. Newcomer, M.D. NAME (Type) 23c NAME OF CEMETERY OR CREMATORY Union Cemetery 23d LOCATION (City or Town) <sup>23b.</sup> DATE 7/30/68 (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify)
Burial Meyersville. Pa 24. FUNERAL DIRECTOR Maryland VR A15 (4) 30M REV. 1/68



*		4.0.0 PM	DIVISION OF V	VITAL RECORDS,		RESTON STRE			LAND 21201	(30	8.8
		39677				ATE OF D		,			
E ANE	I. D	CEASED-NAME First		Middle		lost		2a. DATE OF DE			25. HOUR
the second	(1	ype ar print) NAO	IN	M	R	EEVES			July 6	1968	5:30 M
5 5 5	3 \$1	Х	4 RACE			S. DATE OF BIRT	TH .	6	. AGE (In years	IF JNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS.
s af the age rs af		Female		ite		August	9, 189		last bythday) 60 YRS.	MUNIUS DATS	HOURS ININ.
by Phou	70	STRTHPLACE (State or foreign	76. CITIZEN OF WHA	AT COUNTRY?	B. MARRIED	NEVER MARRI		COUNTY OF D			
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nthin by filte on pa within	10. (	Towson	11. NA/ give sti	ME OF HOSPITAL OR INS reet address) it. Joseph	nii) Nortufit FasoH	ot in hospitol tal	during mast	OCCUPATION (K of working life Homemai	(ind of work done e, even if refired)	125. KIND OF INDUSTRY	BUSINESS OR
d w letel arb	13a	USUAL RESIDENCE (Where deceas	ed lived, it institutio	in- Res dence before	13c CITY OR	TOWN 13	T INSIDE CITY ELMITS	13e. STREE	ET AND NUMBER		<del></del>
cute omp ve (	adm	State Maryland	136 COUNTY		Bal	timore	YES NO	422	4 Stanwoo	d Ave.	21.206
exe emo any	14	ATHER'S NAME First	Middle	Lost	15	MOTHER'S MAIL			Middle		Lost
be n ar		Robert							Ma	atlack	
equires that the death certificate be executed within 24 hours aft physician. signed by the ottending physician and completely filted in by the burial-transit permit. Then please remove carbon papers. Pages burial, cremation, or removal, and in any event, within 72 hours after the please of the	160 Y	was deceased ever in u.s. ARM es, no or unknown) (11 yes give w	MED FORCES? or or dates of service)	166 SOCIAL SECURITY ( 217-01-33	74 B2	NFORMANT Leslie V	V. Reev	es Sar	Address		
cert g pt Ther mov	F	1B. CAUSE OF DEATH (Enter on	y one couse per line	for (o), (b), and (c).			· · ·			APPROXI.	MATE INTERVAL NSET AND DEATH
ath ndin iit.		PART I. DEATH WAS CAUSED / IMMEDIA	BY. M	assive ce		infarci	tion				ANT NEW DENIE
offer offer on, c		4 4		A CONSEQUENCE OF							
t the		Canditions, if any, which gave	(b)								
thot in. by tons	ŀ	rise to immediate cause (a), ( stating the underlying cause (		A CONSEQUENCE OF							
res sicic ial-ti		iast )	(c)								
ng phy ng phy en sigr te bur to bur		PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTE	ING TO DEATH BUT N	OT RELATED TO	O THE TERMINAL I	DISEASE OR CON	DITION GIVEN I	N PART 1(a)		
law endi s be os th	CERTIFICATION	19g. DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PE	RFORMED	20s, AUTOPS		20b. IF YE CAUSES O	ES, WERE FINDINGS CO	ONSIDERED IN C	ERTIFYING
The att ha	1					YES 🛣	NO 🔲				
ICIAN: sitol or rificote d for u	MEDICAL CE	21 a ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. ner) P.M.	INJURY Month Day Year		OW INJURY OCCU	RRED (Enter no	ature of injury	in Part 1 or Port 2, 1	tem 18.)	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fludirectar, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 should be filled with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the place of the state Dept of Health prior to burial.	累	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (	AT HOME FARM, STREET, FAI OFFICE BUYLOING, ETC.				City or		County	State
NG ter ter tate		22a. I certify that (I) (thi	is haspital) atter	nded the decease	ed from_	July 2	, 1968	_, ta_ UU	шу б_, 19_	68, that	(I) (we) last
END ed by African St. African be She She She She She She She She She Sh		22a. I certify that (I) (the saw the deceased a causes stated above	live an	July 6 1	9 <u>68,</u> an	d that in (my)	) (aur) apinio	an death acc	curred an the da	te and haur	and from the
ATTO State of the		22b. SIGNATURE	, (i) (we) (did) (i	did lidi / view lile	budy direi	dedin.			1 22c [	DATE SIGNED	
OR of persons of the persons of the section of the section of the persons of the	L	when he los	wellus	nd 14 F	) DEGR	ATTENDING PHYS	MED.	CTOR	STAFF Du	ly 6, 1	968
AL day bogge brille	1	22d PHYSICIAN S	7			22e ADDRE	ESS				
VERZ		100	liciano,	∿. D.					Towson 4		
TO HOSPITAL Page 4 may TO FUNERAL I director, pog	23a.	BURIAL, CREMATION. 23b. 1 REMOVAL (Specify) 7	9/68	23c NAME OF Parkwo			2	23d LOCATION	(City or Town) Balto.	(County) Md	(State)
1M/		FUNERAL DIRECTOR	7/00	ADDRESS	04 00H		ZSo. REC'D BY R		2Sb. REGISTRAR S	SIGNATURE	
30M REV BB		eonard J. Ruck	Inc. Bal	to. Md.			DATE UL -	A 400	8 yours	reas you	ye.





		O COMO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 990
-FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1,0
HEALTH DEPT.		ECEASED NAME E P First Middle Lost 2a, DATE KNOWN Month	Day Year 2b HOUR
S 9 9 5	1	Type or Print) JOSPEH  BERNARD  REILLY III. OF ESTI- 7-8	19681:40A
Page 1	3 \$	EX 4 RACE S. DATE OF BIRTH 6 AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
P PM3.		Male White July 13/4918388 Months DAYS HOURS MAN Month July Doy	8, Year , 681:40A
	70	B-RTHPLACE (State on foreign 7) (TITZEN OF WHAT COUNTRY? A MARRIED TRIVER MARRIED TO COUNTY OF DEATH	
orm or D	cont	BALTIMORE U.S.A. WIDOWED DIVORCED Baltimore	Md
ages out for the state	1D. (	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 LSUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
de wi		BALTIMORE give street address) 6703 York Road Counter man- Harley	NDUSTRY S Res t.
fter Gry ang ith 1	130	USUAL RES DENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	0 1100 00
2 w der	0	dmission) STATE Maryland   13b. COUNTY Baltimore   YES   NO   6433 Blenheem	Road
hours after de Item 18. Give F Office alang wi Iand 2 with the after death.	14 F	ATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle	Last
24 h 17 m 18 0 10 s 10 10 s od		JOSEPH B. REILLY JR. MARY C. PRICE	
INER: This certificate shauld be executed within 24 hours after death e certificate, writing the word 'pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files.  3 shauld be used as a bur al-transit permit. File pages I and 2 with the State Diation, ar remayal, and in any event within 72 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
l with n pen Exami File p	f,	(es. na, or unknawn) (II yes gree war or dates of service) JOSEPH B. REILLY JR. 6433B1	ENHEIM RD.
E E E		1B CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c),)	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ir Medical I permit. it within		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Gunshot wound of Head	SEARCH CHEEF CHEEF PROPERTY
Me Me		155 X DUE TO, OR AS A CONSEQUENCE OF	
be per prief		Conditions, if any, which gave	
auld be e vord per he Chief al-transit		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
sha he w ta th bur a		last.	
the the date of th		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
KAMINER: This certificate shauld be executed with tethe certificate, writing the word "pending" in pergret shauld be farwarded to the Chief Medical Exaryour files.  age 3 should be used as a bur al-transit permit. File cremation, or remayal, and in any event within 72	×	781x	
this certificate, writh the farwar be used in remayal	CERTIFICATION	190 DATE OF OPERATION 196 CONDIT ON FOR WHICH OPERATION	20. AUTOPSY?
ite, of far rem	THE	WAS PERFORMED?	YES NO
The site of the si	1 (68	210 EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Day, Year 210 HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING 100 HOUR AM.	m 18)
INER: The certificate should by files.	MEDICAL	CAUSE OF DEATH 1 : XXX JULY 8 ( 1968 Guillande Would of Head	
	*	21d INJURY OCCLURRED  21B PLACE OF INJURY (At hame, farm, street, Whate Short	Caunty State
DEPUTY BICAL EXAMINER: cestary, please execute the certile funeral director Page 4 shauld may be retained for your files. FUNIRAL DIRECTOR: Page 3 shaudith prior to buria, cremation,		WHATE NOT WHATE Shopping Center York Road Plaza Bal	ltimore M.D.
ria,		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry	ond in my opinion
ttor CCC		deoth resulted fram Natural couses 🔲 , Accident 🔲 , Suicide 🗍 , Hamicide 😾 Undetermined manner [	
please I direct retaine DIREC		CHIEF MEDICAL EXAMINER	
AL AL		SIGNATURE / Carel / Carel M.D. ASSISTANT MEDICAL EXAMINER 22b. DATES	
Son		EXAMBINER)	8, 1968
necessary, please exect the funeral director P 5 may be retained for T FUNIRAL DIRECTOR. Health prior to buria		NAME (Type)  ADDRESS(Street, city, town, or county)	
5 5 ± ~ 1 5	23a	- PEMOVAL (Specify)	(County) (State)
1.1	0.4	BURIAL 7/11/68 CATHEDRAL BALTIMORE,	MD.
VR A15ME (5)	24.	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25b. REGISTRAR 5 SI	Alex Judge -
10M REV 1/68	ļ	H. W. MEARS & SON 805 N. CALVERT SPAN III 1 2 1968 ACCO	Los July

MAKTLAND STATE DEPARTMENT OF HEALTH



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	illéd John 72 h	_ t	0 CI	TY OR TOWN OF DEATH		11. NA	ME OF HOSPITAL OR IN	STITUTION (If no	nt in hospital	120 USUA	L OCCUPATIO	N (Kind of worl	k done	12b KIND OF B	7770,
	ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death etained by the hospital or attending physicion.  CTOR: After this certificate has been signed by the attending physician and completely filled or by the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers appages I and 2 should be detached for use as the burial, tremation, or removal, and in ony event, within 72 hours after death the State Dept. of Health prior to burial, tremation, or removal, and in ony event, within 72 hours after death			Towson		give st	st Josepl	n Hospi	tal	during mg	PIMIBE	Life, even if re	etsred )	INDUSTRY	
	od v		30.	JSJAL RESIDENCE (Where	deceased li	and if inctitutes	n Becidence hefere			13d INSIDE CITY LIN		STREET AND NUM	BER		
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	be of the second	Ļ		Leonard						Elizabe	e th			Shafe	r
	mysicion en please oval, on or	- 1	160. Ye	WAS DECEASED EVER IN U ps. no. or unknown) (If y NO	S. ARMED F is give wererd	FORCES? lates of service}	166 SOCIAL SECURITY		NFORMANT	4 70 4			dress	•	
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	t the death of the attending sit permit. If nation, or rem	-1		18. CAUSE OF DEATH (En PART 1. DEATH WAS IA	ter only an CAUSED BY.	ne couse per line	s for (a), (b), and (c)	1	1/2	lon	Aug.			BETWEEN ON	SET AND DEATH
	deo ten rmit r, or	-1		,	AMEDIATE C				27 0 4					TA	12
	the al	- 1		Conditions, if any, which	aove )	DUE TO, OR AS	A CONSEQUENCE OF	De wi	the	~ 10 5-10	15	I wit	ame	20	
	hat The A	-1	H	rise ta îmmediote couse	(0),	(b) (c)	A CONSEQUENCE OF			1000	000	7 / 2 / 2 / 2 / 2			
	es the distriction of the distri	-1		stoting the underlying clast.	ouse	(c)	A COMPERCENCE OF			,					
	equires that the deothe physicion. Signed by the attend burial-tronsit permit. Burial, cremation, or residents.	- 1	ı	PART 2 OTHER SIGNIFICAL	IT CONDITION	ONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINA	AL DISEASE ORCC	ONDITION GIV	EN IN PART I(o)			
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	The aff has has like by the p	X.	RIE						YES			ES OF DEATH?			
	AN: ol or cate for u	-1		21 a. ACCIDENT WAS UND	OF DEATH	21b. TIME OF HOUR A.M.	Month Day Year	21c HC	OW INJURY OC	CURRED (Enter	nature of in	ury in Part I ar	Part 2, Ite	em 18.)	
	SICI sprtc ed 1	- 1	MEDICAL	OR CONTRIBUTING CAUSE	exominer)	P.M	1	9							
	hoth both		~	21d INJURY OCCURRED While Not white at work	21e. PLAC	E OF INJURY (	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC	21f LO	CATION Stre	et or R.F.D. No.	Cil	y ar Tawn		County	State
	the care	- 1		at work at work	\ félaio la	acaital) atta	adad the decase	ad from	120	10 (	8 10	0.87	10 (	Ch sheet	//\ /\ last
	DING d by t After d be d	- 1		220 I certify that (	ed_alive	on	The deceos	920. Italii 1920, and	thot in (m	nv) (o <del>ur) </del> opin	nian death	occurred on	the dote	ond hour o	nd from the
	OR:	- 1	- 8	(40303 514)00	bove, (I)	(we) (did) (	did not) view the	body ofter c	leath.						
	reter A A Shrift	- 1		22b SIGNATURE	11.		1000	1	ATTENDI	ING MI	ED.	STAFF PHYS.	220	ATE SIGNED	111
	Die pe	, [		22d. PHYSICIAN'S	C. C.	11/1		DEGR	EE PHY5. 22e. ADI		RECTOR L	PHYS.		77	1-68
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre	5			narle	s M Ker	r M.D.		ZZW. ADI	6801 E	olair	Rd	Ballti	more.	Md
	UNE 4 UNE sector	$\wedge$	- 23o	BURIAL, CREMATION,	23b. DATE		23c NAME OF	CEMETERY OR	CREMATORY			ION (City or Tow		(Caunty)	(5!ate)
	5 9 9 9 4 V	1/1		BENOVAIN(2) ecity)	7/2	29/68	Holy	Redeem	r		Balti	more, M	laryl	and	,
	VR A15 (4)	T	24	FUNERAL DIRECTOR			ADDRESS			250 REC'D BY	REGISTRAR	25b. REG	STRAR 5 S	IGNATURE	das
	30M REV 1/48		T	samand J Pau	ale Tm	A Bal	timore.	โอรชไลท	d	DATE JIII	2.5	1968	Clo	TO A	0



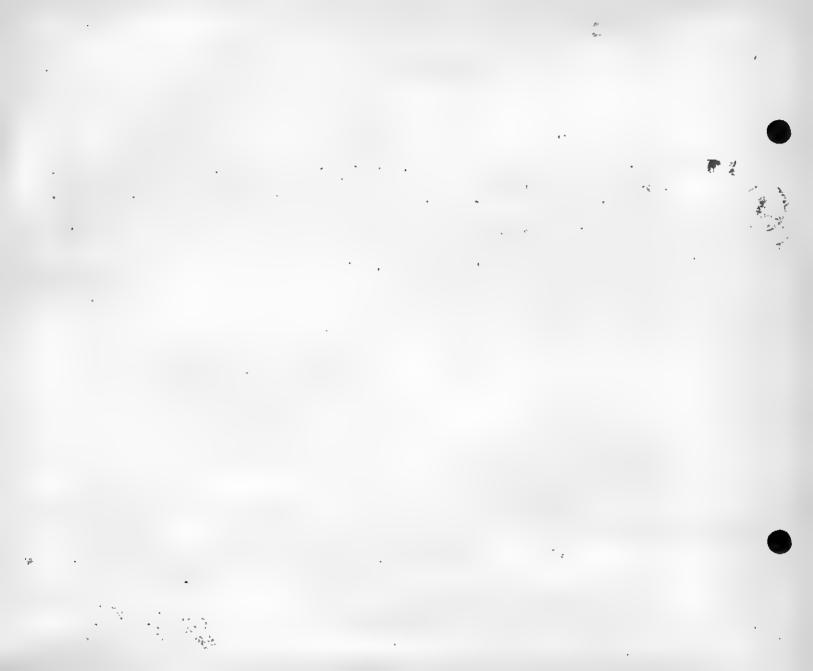
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Month FUBO 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 1 YEAR F JNDER 24 HRS DAYS physiciam and campletely filled in by the fen please remave carban papers. Page aval, and in any event, within 72 haurs af requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? Baltimore County WIDOWED [ DIVORCED F 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in baseital 12g. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) INDUSTRY during mast of work no life, even if retired) Mount Wil ALM son 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY NO X Middle 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Last Ida, WAS DECEASED EVER IN ILS. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Rough Conditions, if any, which gave: director, page 3 shauld be detached for use as the burial-transity shauld be filed with the State Dept. of Health prior to burial, cremati nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🔭 NO . 21g. ACCIDENT WAS UNDERLYING 23b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M 21d INTURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Nat white at wark at wark 220. I certify that (I) (this hospital) attended the deceased from , 19 CX, ta 1968, and that in (my) (aur) apinion death occurred on the date and hour and from the saw the deceased alive an\_ couses stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** STAFF DEGREE PHYS. DIRECTOR 22d PHY5ICIAN'S 22e. ADDRESS NAME (Type) Mount Wilson iam Newcomer 23d. LOCATION (City or Town) 236 BURIAL CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) DATE JUL 1968 30M REV, 1/68



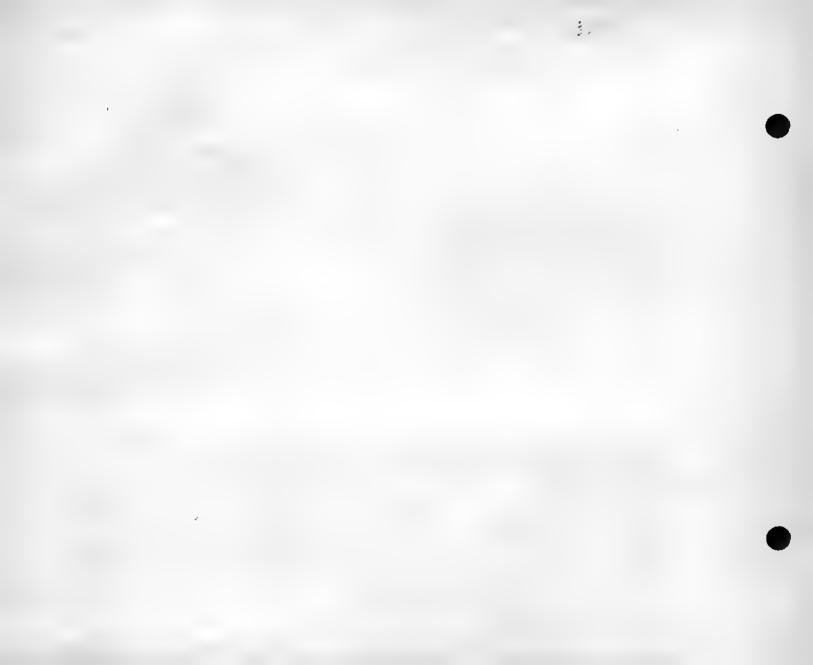
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY/c a. STATE " and completely filled in by the Tremove carbon papers. Pages 1. MARYLAND aff b. CITY OR TOWN (if outside corporate limits, C. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town U 1217 02000 123 d. NAME OF HOSPITAL OR INSTRUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE ON A FARM? NO X 0 VO CL C YES 3. NAME OF Month Day First Middle Lest DATE Year 4. DECEASED OF 2 (Type or print) DEATH C 19 60 ol cuted 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS β, 9. 7. MARRIED **NEVER MARRIED** birthday) Months Hours Days MIDOWED DIVORCED ex9 nit. Then please r 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please during most of working life, even if retired) COUNTRY? death certificate be INDUSTRY Q In USA om & ma 13. FATHER'S NAME MOTHER'S MAIDEN NAME your 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 17. INFORMANT has been signed by the atten as the burial-transit permit. prior to burial, cremation, or (Yes, no, or\_unkown) (If yes give war or dates of service) INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PHYSICIAN: The law requires that the the hospital or attending physician. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO (a), stating underlying cause last, After this certificate has be detached for use as State Dept, of Health pric (¢ CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. NO [ YES [ 20a. ACCIDENT WAS UNDERLYING!" 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bidg., etc.) Hour a.m. While Not While TO FUNERAL DIRECTOR: After director, page 3 should be dishould be filed with the State OR ATTENDING I p.m. 19 at work at work 21. I certify that (I) (this hospital) that (1) (we) last attended the decease and that death occurred at IP saw the deceased alive on. Marrom the causes and on the date stated above. SIGNOTOR DAJE SIGNED 22a. ATTENDING Page 4 may t DIRECTOR PHYS. M.D. PHYS. PHYSICIÁN'S NAME (Type) 22d. 22C. 23d LOCATION (City, town or (State) 23a. BURIAL, CREMATION, 23b OR CREMATORY REMOVAL (Specify) BURIA EUNERAL DIRECTOR ADDRESS 25b. REGISTRAR'S SIGNATURE REC'D BY 25a. VR A15 (4) 15M 4-64



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		10000	DIVISION OF VITAL RECORDS,	301 W. PRE	STON STREET, BALTI	MORE, MARYLAND 21201 🕏	000.
(1/1)		J € 0 ↔		CERTIFICA	TE OF DEATH		34
1 X 4 E		ECEASED-NAME First (ype or print)	Middle		Last	20. DATE OF DEATH	2b. HOUR
funer funer 1 or		пагг	<u> </u>	RICE		7 Month 30 Doy	68 Year 10:45 M
hours after n by the fur s. Pages 1 hours after	3. St		4. RACE	S.	DATE OF BIRTH		FUNDER 1 YEAR OF LINDER 24 HRS. ONTHS DAYS HOURS MAN
by the f Pages ours afte	<u></u>	Male	Cau		6/18/93	75 YRS.	
hou hou hou		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	_	MEYER MARKIED	9. COUNTY OF DEATH	
ed i aper 72	P	al timore, Md	U.S.A.	WIDOWED	DIVORCED	Baltimore Baltimore	Md.
			II. NAME OF HOSPITAL OR IN give street oddress)	21110110N (IT NOT II	n haspital 12a. USUAI during mo	L OCCUPATION (Kind of work done st of working life, even if retued.) tographic - Mart	12b. KIND OF BUSINESS OR INDUSTRY
wit orbo		Baltimore	Greater Bal ed lived, if institution. Residence before,	o. Med.	Center Pho		
e executed within 24 hours after de ond completely filled in by the function on convector or pages 1 on n ony event, within 72 hours after de	adm	ssion) STATE	And COLINEY	Baltin		☐ 1638 Roundh	21218 ill Rd.
Xa Lugur T	14. 1	FATHER'S NAME First	Middle Lost	.1S. M	OTHER'S MAIDEN NAME FI		Lost
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equires that the deoth certificate be exemply sicion. Signed by the attending physician and condition of the please remoburial, cremation, or removal, and in any	160 Y	WAS DECEASED EVER IN U.S. ARP es, na, ar unknawn) (If yes give v	mr or riotes at service)		ORMANT (nee Co	•	
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requires that the deoth cert g physicion. n signed by the attending pl e buriol-transit permit. Ther o buriol, cremation, or remov		PART 2 OTHER SIGNIFICANT COI	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO TH	HE TERMINAL DISEASE ORCO	ONDITION GIVEN IN PART 1(o)	
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ine low reattending attending has been se os the h prior to	SE SE	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PR	RFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CON	ISIDERED IN CERTIFYING
문문주중국	CERTIFICATION				YES 🔀 NO 🗌	CAUSES OF DEATH? Yes	
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or atte TO FUNERAL DIRECTOR: After this certificate has director, page 3 should be detoched far use o should be filed with the State Dept. of Health pr	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN  □ DR CONTRIBUTING □ CAUSE OF DEA'  (If either, natify medical exami	H HOUR A.M. Month Day Year		INJURY OCCURRED (Enter	nature of injury in Port 1 or Part 2, Ite	m 18.)
G PHYSICIAI the hospital this certifical detoched fai	튛	21d. INBURY OCCURRED   21e	PLACE OF INJURY (AT HOME, FARM, STREET, FA	9 KTORY.} 21f. LOCA	TION Street ar R.F.D. No.	City or Town	Caunty State
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ING by t ffer be o	ı	22o. I certify that (I) (th	is hospital) attended the deceas	ed_from	//2/, 19_6	8_, to7/30, 19_	68_, that (i) (we) last
ATTENDING stained by the STOR: After I should be dith the Stote	L	saw the deceased a	five on 7/30 e, (I) (we) (did) (did not) view the	body ofter dec	hat in <u>(my)</u> (our) opir oth	nian death occurred on the date	and have and from the
Short Hill		22b. SIGNATURE	,, (i) (we) (did) (did) tien inc	body offer dec			TE SIGNED
OR ATTENI DE retained DIRECTOR: #	L	Chi	ules C. Sron	DECREE	ATTENDING ME	ED. STAFF 只 7	/30/68
AL DOY	l	22d. PHYSICIAN S NAME (Type) Ch	1 0 0	D	22e. ADDRESS	N 05 1 04	
AERA Jor,		OII	arles C. Brown, M.			N. Charles St.	
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	23a	BUR AL, CREMATION 23b.		CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (Stote)
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		$\vdash$			ERTIFICATE OF DEA		U9695
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	- 5 - 5	3	EX M	4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
	physician.  signed by the attending physician and campletely filled in by the burial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours att		BIRTHPLACE (Stote or foreign intry)	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH	
	filled pape thin 77	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in haspital 12	o. USUAL OCCUPATION (Kind of work dor	Md 12b. KIND OF BUSINESS OR
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	attendi attendi permit. an, ar r	П	IMMEDIA	ATE CAUSE (0)	y celusio	<i>~</i>	Sudden
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	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled i director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban paper should be filled with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72	CERTIFICAT	19a DATE OF OPERATION 19b.	CONDIT ON FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDING. CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
	rate lar us		2 O. ACC DENT WAS UNDERLYING CAUSE OF DEA			(Enter nature of injury in Part ) or Part	2, Item 18.)
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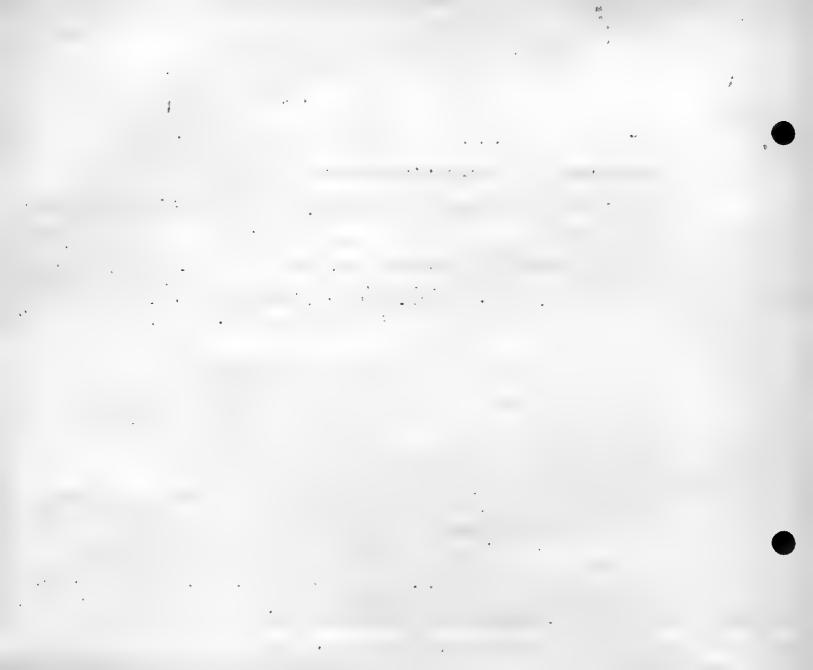
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	death.		DECEASED-NAME Firs (Type or print) KE	NNETH C.	ROBERTS	2a. DATE OF DEATH Manth Day	2b. Hour
	after death he funeral gas ond after death	3.	XEX MALE	4 RACE NEGRO	5. DATE OF BIRTH	6. AGE (In years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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	ely filled n bon popers within 72	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II	ICTITUTION (III	a USUAL OCCUPATION (Kind of wark dane uring most of working life, even if retired.)	12b KIND OF BUSINESS OR CONSTRUCTION
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	PHYSICIAN: The faw requires that the death certificate Le executed within 24-bours after death ne hospital or ottending physicion. This certificate has been signed by the attending physician and completely filled in by the funeral etoched for use as the buriol-tronsit permit. Then please remove carbon papers Pages-1 and Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death.		Canditians, if any, which gav rise to immediate cause (a) stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE O	ORMAT IONS	MORRHAGE AND MULTIPE  ASE OR CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
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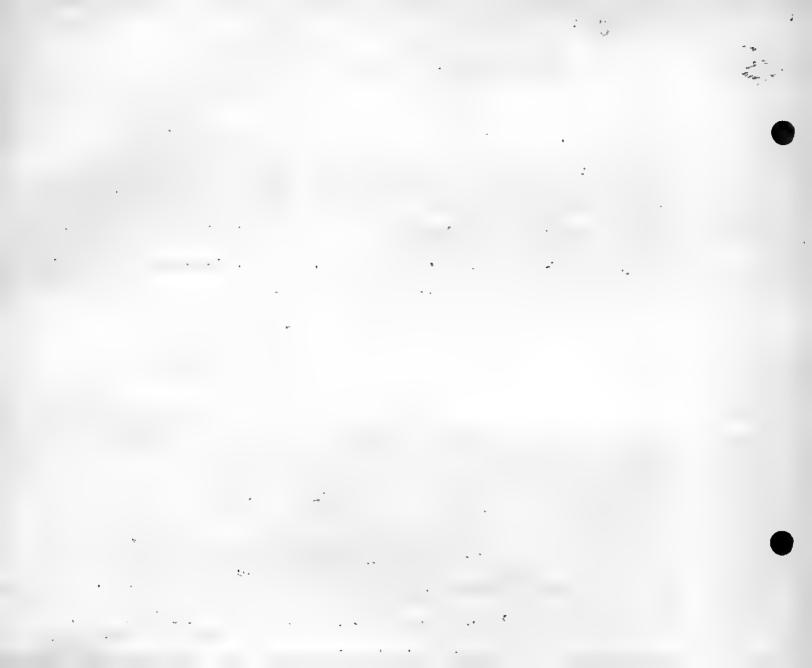
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		3 SE	X	4 RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)		UNDER 24 HRS.
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	in by ers. F	7a 8	BIRTHPLACE (State or foreign 7	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIER 1 NEVER MARRIED	9. COUNTY OF DEATH		
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	3/5 5		es, no ar unknawn) (Il yes give wer	218-07-9	939 MR MILION	RODARA (35	03 FOXCLIP	FIFE CT
	9 26.		1B. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)	)		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
	art.		PART   DEATH WAS CAUSED   IMMEDIATE	BY: E CAUSE (a) ARCIA	JOHA OF 1	DO CONT N	Im (146)	1-1842
	e de atte on, e		1141	DUE TO, OR AS A CONSEQUENCE OF				7
	th sign		Canditians, if any, which gave	(b)				
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	requires that the death cerrity g physician. In signed by the attending the buriol-transit permit. Then a buriol, cremation, or remova		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE (	DR CONDITION GIVEN IN PART I(a)		
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	R ATTENDING PHYSICIAN: The low retained by the hospitol or attending RECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior ta	CERTIFICATION	1.00	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIF	YING
	affe affe hos se th p	E E	1961 Ca			CAUSES OF DEATH?		
	log leol		21a ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCURRED (E	nter nature of injury in Part 1 or Part	2, Item 1B.)	
	PHYSICIAN e hospitol chis certificol stacked for Dept. of He	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year P.M. 1	9			
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	ed led led led led led led led led led l	Ш	saw the deceased aliv	ve an(did)(did not) view the	19 502, and that in (my) (our) o	opinian death accurred on the	date and haur and	I from the
	E de	Ш	22b. SIGNATURE	(i) (we) (did not) view the	budy offer death.	1 2	2c. DATE SIGNED	
	REC 3 s 1 wi		6-16214 A	me of 119	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS.	7/31/1968	
	1 0 pc		22d. PHYSICIAN S	11/1/	22e. ADDRESS	DIRECTOR - PHIS.	7 3-77 10 0	
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	e 4 UNE	23n	BURJAL, CREMATION, 2364 DA		CEMETERY OR CREMATORY	23d. LOCATION (City or Tawn)	(County)(S	State)
	25.24 V	6	REMOVAL (Special)	1/68 Ball		Renterstown	M	1/2
	W	24.	FUNERAL DIRECTOR	a dSon, We glove		D BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE	4.7
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1		IL DEPARTMENT OF HEALTH 1. PRESTON STREET, BALTIMORE, MA	RYLAND 21201
	tem#loe Film#G402 // 3/68 vmp CERTI	FICATE OF DEATH	. 198
EA CE	P DECEASED-NAME First Middle (Type or print)	tast 2a. DATE 0	to at. D. V.
70-20-0	(1Ype or pnnt) Vernon  3. SEX 4 RACE	S. DATE OF BIRTH	Manth 7 1 68 2:05 PM  6 AGE (In years I IF JNDER 1 YEAR IF UNDER 24 HRS.
£ 1235	Male White	9/19/16	last birthday) MONTHS DAYS HOURS MIN.
Noor Noor Noor Noor Noor Noor Noor Noor	70 BIRTHPLACE (State at foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARI	RIED NEVER MARRIED 7. COUNTY O	F DEATH
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	10. CITY OR TOWN OF DEATH  Owings Mills  It NAME OF HOSPITAL OR INSTITUTION give street oddress)  Rosewood State 1	during most of work no	N (Kind of work done liberary liberary)  12b KIND OF BUSINESS OR INDUSTRY  Adde
oe executed with and campletely t remove carban in any event, wit	13a USUAL RES DENCE (Where deceased liyed, if institution. Residence before 13c. CIT	Y OR TOWN 13d INSIDE CITY LIMITS? 13e S	TREET AND NUMBER
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and c remo	14. FATHER'S NAME First Middle Last	15 MOTHER'S MAIDEN NAME First	Middle Last
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ertificate be physician c nen please iaval, and ii	Yes, na, ar unknown) (If yes give war or dates of service)		wings Mills. Maryland
equires that the death certific physician. signed by the attending physi burial-transit permit. Then p burial, crematian, or remaval,	18 CAUSE OF DEATH (Enter only one cause per line or (a), (b), and (c), , ,	Rosewood Records, O	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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at the	rise to immediate cause (a)	10 /010/100 11-1	
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r aft r aft e has use	KA	AE2 🛣 NO	уев
AN: al al icate far I Hea		Ic HOW INJURY OCCURRED (Enter noture of inju	ury in Part 1 or Part 2, Item 18.)
PHYSICIA ne haspital this certific etached fa Dept. af H	OR CONTRIBUTING CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   19   OFFICE BUILDING, ETC.   21d INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 2	1f. LOCATION Street or R.F.D. Na. Cit	y or Tawn County State
<b>-</b> = = • ·	While Not while of work		
OR ATTENDING be retained by the State of a shauld be ded with the State of the stat	22a. I certify that (the (this hospital) attended the deceased from	5/1 , 1968 , to	7/1, 1968, that 2(1) (we) last
END ned R: A uld the	couses stated above (II) (we) (III) (and pat) view the body of	, and that in <b>zorsy</b> (our) apinian death ter deoth.	accurred on the dote and hour and from the
ATT retail stra sha with	22b. SIGNATURE		STAFF 22c. DATE SIGNED
OR DIRE		DEGREE PHYS. L. DIRECTOR L.	7/2/68
May RAL RAL be fi	22d. PHYSICIAN S NAME (Type) Richard A. Jones, M.D.	Rosewood St. Hos	p., Owings Mills, Md.
Page 4 may be retained by the Funeral Director, page 3 should be director, page 3 should be detector.	230 BURIAL, CREMATION, 23b. DATE / 23c. NAME RECEMENT	Y OR CREMATORY 23d LOCAT	ON (City or Town) / (County) (State)
0202	Bremoval (Specify) 7/3/68 Garrison	Forest Rol Ou	mys mile mil
VR A13 (1) 30M REV. 1/68	24. FUNERAL DIRECTOR ADDRESS ADDRESS	) and   250 REC'D BY REGISTRAR	1988 REGISTRAR'S SIGNATURE
JUNI KEV. 1/68	Thomas 2. There or malling	DATE JUL - 3	, ,



-8	١.	10000	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA		
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Weight		CEASED-NAME First ype or print)	Middle Maxwell	Lost Rosskopf	July Month 19Doy	2b. HOUR & 5:20
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Sicate Principal Visician pleas	160	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 16b. SOCIAL SECURITY N	17 INFORMANT	Address	15
phys phys en p aval,	L'	yes www		831 A Mrs. Mary	E. Rosskopf	(Same)
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equires physicio signed l burial-ti burial, c	L	PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NO	sclerotic Cardiov		
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The law re attending has been se as the th priar ta	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
At The fire has a solith		21o. ACCIDENT WAS UNDERLYIN	G 216 TIME OF INJURY		Enter noture of injury in Port 1 or Port 2, 1	Item 18.)
CLAN Dital Tifica of He	3	OR CONTRIBUTING CAUSE OF DEATH	ner) P.M. 19			
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pa should be filled with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any eyent, within 72 haurs	墨	ot work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC			County Stote
IDING I by 18 After 1 After 1 I be d	ı	22a. I certify that (I) (thi	is haspital) attended the decease	ed fram 7-18, 1	9 <u>68</u> , ta <u>7-19</u> , 19 apinian death accurred an the da	oo , that (I) (we) last
rend ined <b>R:</b> A suld the	l	saw the deceased all causes stated abave	live an 7-19-80	bady after death.	apinian death accorred an the da	te and flatt and train the
AT AT retain retain with with	ı	22b SIGNATURE		DEGREE PHYS.	MED STAFF	DATE SIGNED 7-19-68
DIR DIR		22d PHYSICIAN'S	Loliny of the	DEGREE PHYS. 22e, ADDRESS	DIRECTOR PHYS.	7-19-00
PITA may ERAL Sr, po		SI SAAC (T	riz Dizon, M.D.	7620 1	fork Road, Towson,	Md. 21204
HOSPITAL OR ATTEN age 4 may be retained FUNERAL DIRECTOR: irector, page 3 should hould be filed with thh	230	BURIAL CREMATION, 23b C		CEMETERY OR CREMATORY	23d LOCATION (City or Town)  Baltimore	(County) (State)
	24	PEMOVAL (Specify)  FUNERAL DIRECTOR	ADDRESS	on Park (emete)	DEVIREGITATION 256 OF SURARS	9 GNATORE
VR A15 [4] 30M REV 1/68	1	eonard J. Ru	ick, Inc. Balto.	1d. 21214 DATE	L 10 000 1000	

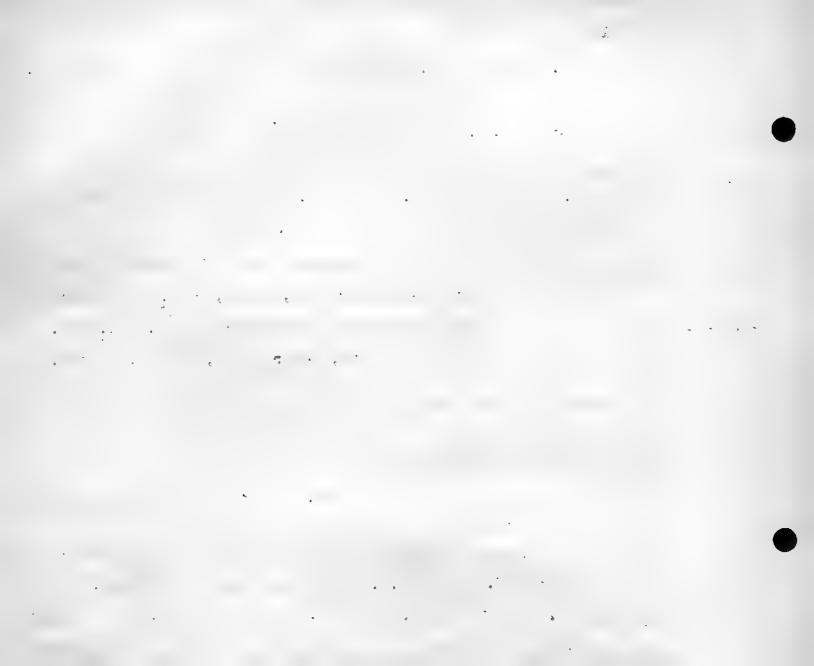


		1							ENT OF HEAL				
	1		3968	33 DIVIS	tems 1	TAL RECORDS,	301 W. PI CERTIFIC	ATE OF	EET, BALTIMOS DEATH <sup>CLC</sup>	RE, MARYLAND	21201	. ""()(	)
1 =	_ ~ ¥	1	I. DECEASED-NAME	First		Middle		Lost		DATE OF DEATH		V	2b. HOUR
deat	e de la composition della comp		(Type or print)	JOSEPH		AT CHAN	ROS	TKOWSK:		Monti	300	68°°	6:20P M
within 24 hours after death	green green		SEX MALE	4. RA	OHITE	<		S. DATE OF BIR		6. AGE (1	hdoy)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
Pours	by hour		7a BIRTHPLACE (State		ZEN OF WHAT	COUNTRY?		NEVER MARK	CIEDL 1	UNTY OF DEATH	CONTAIN		
24 7	d in per		COUPOLAND		S.A.		WIDOWED			BALTIMORE			Md
vithın	etely filled ın orbon popers. nt, within 72 h	i	10. CITY OR TOWN OF S	WARD	dive stre	of Hospital or in: et address). H	SPITAI		during mast of Meat	CUPATION (Kind of working life, even	of retired)	Hackin	BUSINESS OR  House
executived v	miplete ve cort		130 USUAL RESIDENCE odmission) STATE M.	(Where deceased lived, aryland 136	if institution COUNTY	Residence befare	Balti	town more	YES NO	637 S.	NUMBER <b>Lakewo</b>	od Ave	nue
e exec	remo,	1	14. FATHER'S NAME	First Joseph	Middle R	Lest ostkowski		MOTHER'S MA	IDEN NAME First Adolph	ıa	M.ddle	MN: Un	Lost known
requires that the death certificate	physician. signed by the attending physician and completely filled in by buriol-transit permit. Then please remove corbon popers. buriol, crematian, or removol, and in any event, within 72 hou			/ER IN U.S. ARMED FOR		b. SOCIAL SECURITY 217 O1 75		NFORMANT CLIN.R	ECORDS, V	A HOSPIT	Address AL, FT	HOWAR	D, MD.
erti	g ph Then mov		IR CAUSE OF D	EATH (Enter anly are o								APPRÓX BETWEEN	IMATE INTERVAL DISET AND DEATH
ŧ	physician. signed by the attending buriol-transit permit. Th buriol, crematian, or rem		PART I. DEA	EATH (Enter only one of TH WAS CAUSED BY: IMMEDIATE CAUS	BRON	CHOPNEUM	ÓNIA, E	BILATER	AL			RECE	
qe	after erm an, o		490)		E TO, OR AS	A CONSEQUENCE OF							
Ę	the sit p		Conditions, if on	y, which gove	(b) PUL	MONARY E	1PHYSE	IA					
t t	by i		rise to immedia stating the und	erlying cause DU		A CONSEQUENCE OF							
Tes s	/sici		lost. 527	1	(c)								
requi	ng phy in sign e bur to bur		ARTERT	OSCLEROTIC			OT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	TION GIVEN IN PART	1(0)		
<u>a</u>	endir bee s the s th		190. DATE OF OPER	RATION 196. CONDITI	ON FOR WHICH	OPERATION WAS PE	RFORMED	20o. AUTOI		206 IF YES, WER	FINDINGS CO	NSIDERED IN (	ERTIFYING
The	otto hos ise (	- 1	RIFE					YES	HO	CAUSES OF DEATE			
CIAN:	Page 4 may be retained by the haspital or ottending physician. <b>0 FUNERAL DIRECTOR:</b> After this certificate has been signed by director, page 3 should be detached for use as the burial-trar should be filed with the State Dept. of Health prior to buriol, cre.		210. ACCIDENT V		THE TIME OF IS TOUR A.M. P.M.	Month Day Year		DW INJURY O€0	URRED (Enter notu	re of injury in Part	l ar Port 2, i	tem 18.)	
PHYSICIAI	by the haspitr fter this certif be detached State Dept. of		≥ 21d INJURY OCC	URRED 21e. PLACE C		FHOME, FARM, STREET FA	CTORY.) 21f LC			City or Town		County	State
9	r the		22a L certify	ork (I)C(this hasp deceased alive ar stated abave2(1) (1	nital), atten	ded the deceas	ed from	<del>6/28/68</del>	. 19	, ta 7/30/6	6 19	, tha	(f) (we) last
	d by Aftr d b		saw the	deceased alive at	7730	768	19, an	d that in (🕬	(aur) apinian	death accurred	an the da	te and haur	and fram the
	retoined ECTOR: A S should with the		causes s	tated abavez(i) (	we) (did) <b>(a</b>	view the	bady after	death.			100. 7	ATT FIGHTS	
OR ATTENDING	retor 3 sh with		22b SIGNATURE	1110	. ,	15	O DEGI	ATTENDIN			[3t] 22c 1	7/31/6	
	DIR DIR Jge		22d. PHYSICIAN	I Ju	wes	Lmi		,					
O HOSPITAL	Page 4 may be retained of FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME Type	JOHN D.	TALBE	M. D.		WA VA	H FORT H	OWARD, MA	RYLANI	)	
105	UN ecto ould	1	23o. BURIAL, CREMAT!	ON, 23b DATE	1	23t NAME OF	CEMETERY OR	CREMATORY	230	I. LOCATION (City of	Town	(County)	(State)
2	S. 5 - 19 - 2	3	BURTAL Specific	10/	3/68	HOLY R	OSARY	CEVETER	Y	BALTIMO	RE, M	RYLAND	
	VR A15 (	4	24. FUNERAL DIRECTO	R		Raymond	L. Kac	zorowsk	i Funera	I Hone 68	REGISTRAR S	SIGNATURE	
	30M REV. Ì	/68				2525 Flo	et Str	eet, Be	Plamore	Maryland		700	MARKET .



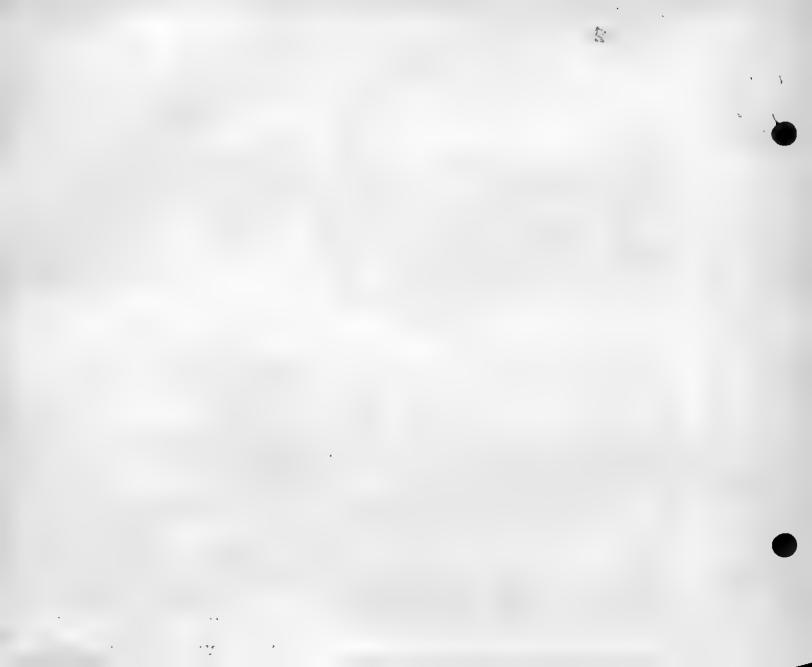


					ALE DEPARTMEN				
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH							
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를 들을 를 1943 - 1943	1. DE	ECEASED-NAME First  ype or print)		liddle	Last	20. [	DATE OF DEATH	Year	11:20
r d==th tuneral 1 and 2 er death		IVE I		M. S	abine		July 1,	1968	a . M
offer he fur ges 1 after	3. SE		4. RACE		S. DATE OF BIRTH		6 AGF (in years last bythday)	E JNDER 1 YEAR MONTHS DAYS	HOURS MIN
15 age 27	_	female	white			22, 190	2 66 YRS.		
no Garage	70 E	1-1	7b. CITIZEN OF WHAT COUNT	men	RIED 🔲 NEVER MARRIES	V [23]	NTY OF DEATH		
2 (28.6) 2		" Mississippi			WED DIVORCED		Baltimore		Md.
requires that the daoth certificate the executed within 24 flours after dauth plysicion.  I plysicion.  I signed by the ottending entystrian and completely fixed in by the funeral burial-transit permit. Then please remove carbon papers. Pages 1 and 2 burial, cremation, or removal, and in any event, within 72 hours after death		10. CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12b KIND OF BUSINESS OR during most of working life, even if retired in hospital none							
Ee Executed with ond completely for remove carbon in ony event, with	13a.	USUAL RESIDENCE (Where deceased	I lived, if institution Reside			INSIDE CITY L MITS?	13e STREET AND NUMBER		
cute omp	odmi	issian) STATE Md.	13b COUNTY Pr.	Geo. 1	akoma Pk. YE	ES NO	209 Spring	Avenue	
mxecuted on complet remove car	14. [	FATHER'S NAME First	Middle	Last	15 MOTHER'S MAIDE	N NAME First	Middle		Last
e on		William Henr	ry Sabine		Naı	ncy Dixo	n		
and	16a.	WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCI	AL SECURITY NO.	17. INFORMANT		Address		
		es, na, ar unknown) (II yes give war	di dales di service)		Records:	SPRING	GROVE STATE H		
9		18. CAUSE OF DEATH (Enter anly	ane cause per line for (a),					APPROXIM BETWEEN ON	IATE INTERVAL ISET AND DEATH
e dinoth cottending		PART 1 DEATH WAS CAUSED I	BY: E CAUSE (a) Myeca:	rdial In	farction	, Acute		imme	diate
e dil		4: 1	DUE TO, OR AS A CONS	QUENCE OF			probable		
the saf g		Conditions, if any, which gave anse to immediate cause (a),	(b) Arter	ioscler	otic, Caro	diovasc	ular Ht. Di	s, unk	
than on. by ron		stating the underlying couse	DUE TO, OR AS A CONS	EQUENCE OF			probable		
quires th pilysicion signed by burial-to		last.					d, Senile,	unk	•
equires 1 pillysicio signed k burial-tr burial, ci	1	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO E	EATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE OR CONDITIO	ON GIVEN IN PART 1(0)		
w re trn=	8	7 2							
The law ratendrall attendrall seen se os the th prior to	S S	19a. DATE OF OPERATION 19b. CC	ONDITION FOR WHICH OPERA	TION WAS PERFORME			20b. IF YES, WERE FINDINGS (	ONSIDERED IN CER	RITEYING
The ratte has has	CERTIFICATION	AN ASSESSED MASS CONTRACTOR			YES 😈	NO 🗌		1. 161	
AN: of correction of the corre		270. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		Day Year	ZIc. HOW INJURY OCCUR	RED (Enter noture	of injury in Part 1 or Part 2,	Item 18.)	
YSICIAN: ospital or certificate hed for u	MEDICAL	(If either, notify medical exomine	er) P.M.	19	100.700	0.00 11	75 T	(aua)	Stote
PH ne h this effac effac Dep		ot work	LACE OF INJURY (AT HOME, FOR OFFICE BUI				City or Town	County	
OR ATTENDING be retained by th DIRECTOR: After in ge 3 shauld be died with the State		22a. I certify that (t) (this saw the deceased alm	haspital)_attended ti	ne deceased fro	NOV. O		to July 1 19	68, that	(we) last
END Bed S: A Jid The S		saw the deceased allocates stoted gbave,	(I) (vap) (did) (aliatement	view the hody	2, ona tnat in (my) i ifter deoth	(onti-abinion (	dearn accurred on the d	are and nour c	ing from the
TTO I Should be the state of th	l	22b. SIGNATURE	(1) (00)(010)(010)	7	11.		220	DATE SIGNED	
d v S S S S S S S S S S S S S S S S S S		Thille	1140 11/1	MANIGHA	DEGREE PHYS.	MED DIRECTOR	STAFF Z 1.	July68-	12:45P
AL AL O		22d. PHYSICIAN'S	11111		22e. ADDRES	22			
ERA F. F. A. Dr., F. d be		NAME (Type) Antho	ony J. You	ag, M.D.	Sprin	ng Grov	e State Hos	pital	21 228
TO HOSPITAL Page 4 may TO FUNERAL director, pag	23a.	BURIAL, CREMATION 236 DA	AJE - 0/0 23	NAME OF CEMETE	RY OR CREMATORY		LOCATION (City or Town)	(County)	_(Stote)/
02094		REMOVAL (Specify) Section	4-11968.	tor Line	aly Cemeter	14 / 40	lmar Manur		Ma
30M REV 458	24	FUNERAL DIRECTOR Walters	254 Carr	ADDRESS all PLNI	v. 40	RECD BY REGI	1968 25b. SEGISTRAR	SIGNATURE	pe



man soften		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	` \703
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1 (7.7)
HEALTH DEPT.		DECEASED NAME First Middle Lost STCh S DEATH KNOWN Month De OF ESTI- DEATH MATED 7-5	oy Year 26 Hays
delay and 3.1	3 5		Yeo/ ( 2d hours
A Property		BIRTHPLACE (Stote or foreign 76 CIT-ZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9. COUNTY OF DEATH ATTY) WIDOWED   DIVORCED NOT	ada 1
Pages With To With To		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)  12 USUAL OCCUPATION (Kind of work done 12)  13 USUAL OCCUPATION (Kind of work done 12)	b KIND OF BUSINESS OR DUSTRY
s after deat 18 Give Pa i alang with 2 with the St death	13o 0	USUAL RESIDENCE (Where deceosed lived, it institution Residence before 13th CUTY OR TOWN) 3d MSDE CTY JMJ 13e STREET AND NUMBER 3dmission) STATE (ND) 13b COUNTY MCDAT JOHN STATE (ND) 1705 E.V. Highway	VEWSTAPER
haurs Item 1 Office I and 2 after d	14. [	FATHER'S NAME First Middle Ast IS MOTHER'S MAIDEN NAME First Middle V	1-Lost 11RM AN
hin ncil nine paga hou		WAS DECEASED EVER IN U.S. ARMED FORCES?  WAS DECEASED EVER IN U.S. ARMED FORCES?  (If you by your outgoing of service)  ADDRESS  Which is the service of s	( C. CHCH
ecuted withing in pedical Examit. File	-	IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted ading in Medical permit. It withir		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) MULTIPLE FRACTURES  DUE TO, OR AS A CONSEQUENCE OF	
ould be exe vard "pend ne Chief Me al-transit pe ony event		Conditions, if any, which gave nse to immediate cause (a), (b) DROWNING	
should be e ne ward "per a the Chief burial-transit		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
ificate ting th irded t as o as a	2	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate shauld cate, writing the ward be farwarded ta the Cl	CERTIFICATION	190. DATE OF OPERATION  196. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO Z
MINER: This the certificate, 4 should be for rilles. e 3 should be to mation, ar rer	MEDICAL CER	210. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING 12 HOUR AM PM 7-5 1968  210. HOW INJURY OCCUPRED (Enter nature of njury in Part 1 or Part 2, Hofn CAUSE OF DEATH	18.) rapela Bay
e the the cour	WEL		May land
□ 5 8° ~~		22a   certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry	and in my apinian
		death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  CHIEF MEDICAL EXAMINER	
AL SAL		ACTUAL SIGNATURE MD. ASSISTANT MEDICAL EXAMINER 22b DATE SIGNATURE	SNED C68
necessary, p the funeral 5 may be re 10 FUNERAL Health prior	20	NAME (Type) // D DAVIS MI)_ 6000 popessistent support of the pops - Dille	lour Med
5	230	REMOVAL (Specify) 7/8/68 230 BAME OF CEMETERY OR CREMATORY OF COMMENT OF CONTROL (CITY OF TOYON) THE	aginty) - (State)
VR ATSME (STATE)	D.	Desganship Sons 350/ 144 St AWASH. DC - DATELL - 9 1868 Clearla	
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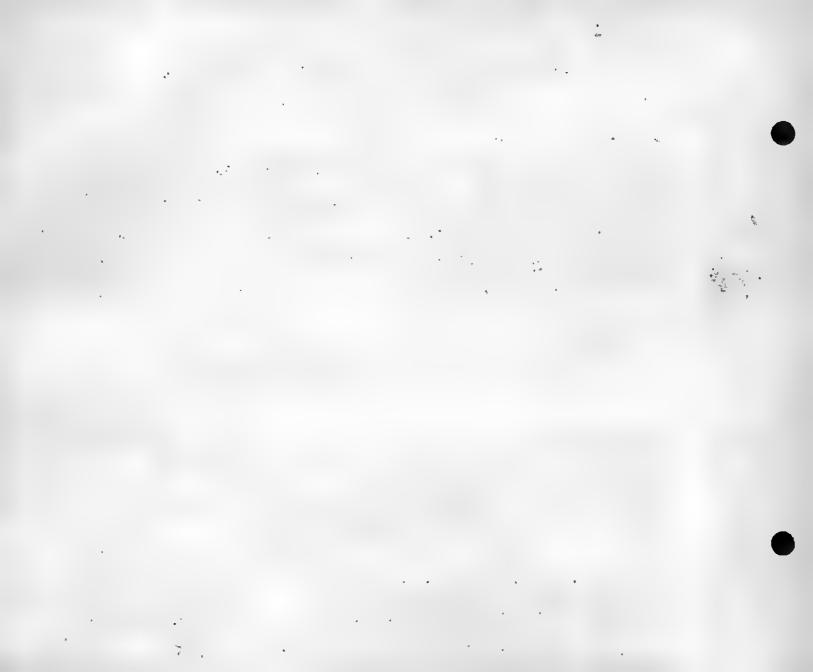


, · 1		MAKYLAND STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	· W O 7
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	704
HEALTH DEPT.		CEASED NAME First Middle Lost 2a DATE KNOWN Month upg at Prints	4:00:
delay is and 3 to	3. St	X 4. RACE S DATE OF BIRTH 6 AGE (n years F UNDER 1 YEAR F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1 F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1 F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1 F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1 F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1 F LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 1015 POWER 1 YEAR 1	7ear 1968 20 12:01
De 1.2.	7o. €	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
offer death Caye Pages 1, clong with form with the State Di	1	ITY OR TOWN OF DEATH [1] NAME OF HOSPITAL OR INSTITUTION (If not in hospital   12a USJAL OCCUPATION (Kind of work done	Md. 12b KIND OF BUSINESS OR 1100 STRY Self Emp
with seath	Gi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d MSDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 13b. COUNTY 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	14, F	ATHERS NAME First Middle East IS. MOTHER'S MAIDEN NAME First Middle  Fredrick Sauer Sr Anita Crafton	Lost
d within 24 in pencil in Examiner's Examiner's File pages in 72 hours		WAS DECEASED EVER IN U.S. ARMEO FORCES? es, no, or unknown) (If yes give war or dates of service)  TO Fredrick Sauer Jr XIOI Fait Ave	enuc
auld be execute ward "pending"  thm Chref Medical  rial-transit permit		18. CAUSE OF OEATH (Enter only one cause per line far (a), (b) and (c).)  PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise ta immediate cause (a), but a immediate cause (a), but a immediate cause (a), but a consequence of last	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate writing th orwarded to used as a maval, and	CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19d. OATE OF OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO [X]
INER: The se certificate se certific	MEDICAL CERT	21a EXTERNAL CAUSE WAS PRIMARY XOR CONTRIBUTING 21b T ME OF INJURY Manth, Doy, Yeor HOURXXX A PM. 7/28 19 68 subj. jumped out of boat - cou 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, WHILE AT WORK AT WORK AT WORK AT WORK AT AT WORK AT	County State
TO DEPUTY SICAL EXAM  "Excessory, please execute it the funeral director Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, cren		22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspect an X, Inquiry death resulted from Natural causes , Accident X, Suicide , Hamicide , Undetermined manner  CHIEF MEDICAL EXAMINER   ACTUAL	
VR A15ME (5)		BUR AL CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town)  BUR 14 8-I-68 Gardens of Faith Cemetery Baltimore, Mary 1  FUNERAL DIRECTOR ADDRESS 25G RECD 8Y REGISTRAR 25b REG STRAR'S  WALTER DABROWSKI 1005 DUNDALK AVENUE DATE AUG 1 1968 CLICA	
10M REV. 1768	-		111



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR ond 2 death. be executed within 24 hours after death. (Type or print) Month FRANCIS **EDGAR** SCHIRMER S. DATE OF BIRTH 3 SEX 4. RACE 6. AGE (In years F JHDER I YEAR lost birthdoy) DAYS MONTHS MOURS 10 15 18 MALE WHITE completely filled in by 7o BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MARYLAND U.S.A. DIVORCED X BALITIMORE WIDOWED [T 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR VETERANS ADMIN HOSPITAL most of working life, even if ret red.)
FER FRONT WORKER INDUSTRY burial, cremation, or removal, and ın any event, with FORT HOWARD lease remove carbon 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? 13b. COUNTY odmission) STATE MARY LAND YES X NO T 1803 BELT STREET BALTIMORE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Fest Middle Lost ANTHONY SCHIRMER ANNA CATHERINE SPAHN 16b SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address requires that the death certificat Yes, no, or unknown) (If yes give war or dates of service) 05 3002 CLINICAL RECORDS, VA HOSP, FT HOWARD, MD LIVW APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) ADENOCARCINOMA OF LUNG WITH WIDESPREAD METASTASES DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove ) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse. Page 4 moy be retoined by the haspital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been ed for use as the of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES T NO [ YES 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A M. Month Day Year (If either, notify medical examiner) P.M. should be detoched (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING ETC 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (I) (this hospital) attended the deceased fram 6/16/68 saw the deceased alive an 7/29/68 19 , and that in 19/10/19 and that in [18] (aur) apinian death accurred on the date and hour and from the couses stoted obove, XIX (we) (did) (XIX NOX) view the body ofter death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR 29 68 director, page 3 should be filed v DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S JORGE A. FABARA, M. D. NAME (Type) VA HOSPITAL. FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23b. DATE (County) 230. BURIAL, CREMATION, BURTAL (14) BALTIMORE NATIONAL BALTIMORE, MARYLAND ZANN HOUSSFUNERAL HOME 250. HULBY SEGURA 1968 25h. RETURNES SENATUR 257 S. CONKLING ST. BART IMORE, MD. 2124 24 FUNERAL DIRECTOR VR ATS 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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MAKYLAND STATE DEPARTMENT OF HEALTH



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OR SEE SEE		causes stated abave, (1) (we)(did) (dw not) view the bgdy after death. 6.30. am. 1/26/68.
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 09693 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Balto. Md. MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

Cattonsville c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) Balto. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS B. IS RESIDENCE 22 ON A FARM? Summit Nursing Home within 4207 Potter St. NO T YES within etely carbon 3. NAME OF First Middie Last 4. DATE Month Year DECEASED event. Minnie E. (Type or print) Sevbold DEATH July 2. 1968 19 executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 90 7. MARRIED NEVER MARRIED last birthday) | Months 'emo\ any Days Hours and Female Whi te WICOWED T DIVORCED | Feb. 28. 1884 84 10a USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR Ξ 11. BIRTHPLACE (County & State, or foreign country) ician 12. CITIZEN OF WHAT pe ease during most of working life, even if retired) INDUSTRY and COUNTRY? House Wife physia Balto. Md. death certificate C TT. 70 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal attending garmit. Then John Zell Elizebeth Fughman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addres Balto. Md. most permit. (Yes, no, or unknwn) | (If yes give war or dates of service) No Jonh E. Sevbold 4500 Frederick Ave. the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH requires that the I. DEATH WAS CAUSED BY: è attending physician. delle burial-tra burial-tra burial, cr 2 IMMEDIATE CAUSE (a DUE TO Conditions, If any, which peen gave rise to immediate the r DUE TO (a), stating the underlying cause last. as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? certificate CAT YES T NO [ PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ed 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 206, PLACE OF INJURY/Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While p.m. 19 at work at work 70 the 1963, to. 21. I certify that (I) (this hospital) attended the deceased from 1962 that (I) (we) last DIRECTOR: age 3 should led with the saw the deceased alive on. 196/ and that death occurred at \$200 PM. If you the causes and on the date stated above. 22a. SIGNATURE FUNERAL DISCOURSE 3 22b. DATE SIGNED ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. HOSPITAL PHYSICIAN'S 22¢. 22d. ADDRESS director, p NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Burial Specify July 5, 1968 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stale) 2 July 5. 1968 New Cathedral Cem. Balto. FUNERAL DIRECTOR 24. ADDRESS REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR G. Truman Schwab 3512 Frederick Ave. Balto. Md. Datel VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 39699 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) o. COUNTY MARYLAND b CITY OR TOWN (If outside coroprote limits C LENGTH DIVISTAY IN 16 porote limits write RURA, and give negrest town) d STREET ADDRESS e IS RESIDENCE ON A FARM? NO DATE DECEASED 0F LUGLTER (Type or print) DEATH NEVER MARRIED F UNDER I YEAR IF UNDER 24 HRS birthday) Months hours after death 10b. KIND OF BUS NESS OR 12. CITIZEN OF WHAT INDUSTRY unhaoit pencil FATHER S NAME WAS DECEASED EVER NUS ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT (Yes, no, or unknown) (If yes give war or dates of service event within 8 CAUSE OF DEATH (Enter only one couse per PART I, DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if only, which gove forwarded to rise to immediate couse (o). DUE TO stoting the underlying couse PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, D SEASE CONDITION G VEN IN PART 1(a) removal, WAS ALTOPS PERFORMED? NO 200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 1 of tem 18) 3 should PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20e PLACE OF INJURY (Home, form 20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While OT WOLK 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted from. Undetermined manner Natural causes Accident Suicide 📑 Ham cide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAM NER SIGNATURE FUNERAL Health pr DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, cty town or county) 752765 OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL CREMATION REMOVAL (Speci Ma dina Charles Evens Cemetery 25b REGISTRAR S SIGNATURE 2So REC D BY REGISTRAR VR A15ME (5) belair Road 21236 6M 1/67



int	1		3970		301 W. PRESTON STREET, BALTI		
9	•		00100		CERTIFICATE OF DEATH		9711
7	€ =25€		CEASED-NAME First	Mrddle	Lost	20. DATE OF DEATH	2b HOUR
2.00	death and 2 death.	Ľ	Derna		Shanahan		1968° 7:00am
	offer and a second and a second a secon	3. SI	Male	4 RACE White	S. DATE OF BIRTH 5-7-88	6. AGE (In years lost birthday) YRS.	IF JNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	hour 2 Seur	7o :	BIRTHPLACE (Stote or foreign try) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED NIVORCED DIVORCED	9. COUNTY OF DEATH Balti	imore Md
	tright and campletely filled it by the integration of the condition of the	10. (	ITY OR TOWN OF DEATH  Towson	II NAME OF HOSPITAL OR IN give street oddress) St.	Joseph Hospital 120 USUA	L OCCUPATION (Kind of work done	125 KIND OF BUSINESS OR NOTER Dept.
	amplet	13o. odm	USUAL RESIDENCE (Where deceose ssion) STATE Maryland	ed lived, if institution Residence before 13b. COUNTY Baltimore	13c. CITY OR TOWN 13d INSIDE CITY Ed  Glen Arm YES NO		a Arm. Rd. 21057
	be exe	14	ATHER'S NAME First	Middle Lost Shanaha	15. MOTHER'S MAIDEN NAME FI	rst Middle Unknown	Lost
	and and	160 Y	WAS DECEASED EVER IN U.S. ARM es ane, or unknown) (If yes give we		NO. 17. INFORMANT	r Shanahan	(Same)
	the death of the attending the attending the attending the attending to the attending at th		18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED IMMEDIAL CONDITIONS, if only, which gove nise to immediate couse (o), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	d Arteriosclerotic th hypertension.	cardiovascular	APPROXIMATE MITRIVAL BETWEEN OMSET AND DEATH
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been sigmed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the purial of the state Dept.	CERTIFICATION	+4	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	206 IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
	JCIAN: pital ar rrificate af far u	MEDICAL CEI	210. ACCIDENT WAS UNDERLYING or contributing cause of death (If either, notify medicol exomin	H HOUR A.M. Manth Day Year ner) P.M. 1	9	noture of injury in Part 1 or Port 2,	Item 18.)
	FHYS the hos this ce detache e Dept.	*	of work at work		21f. LOCATION Street or R.F.D. No.		County State
	OR ATTENDING PHYSICIAN: be retained by the hospital at JIRECTOR: After this certificate e 3 shauld be detached far u ed with the State Dept. af Hea		couses stated above	is hospital) attended the deceos live on 1914 18 e, (A) (we) (did) (district) view the	ed from July 12 , 19 9 68 , and that in (My) (our) opin body after death.		
	L OR AI be reto DIRECTO age 3 sh filed with		22b SIGNATURE  O'.'/.'A C B.  22d PHYSICIAN'S	aldonado	DEGREE PHYS. D		DATE SIGNED 7-18-68
	Poge 4 may To FUNERAL director, pag should be fi		NAME (Type) Lil	ia Baldonado, M.D.	7		1204
	TO HC Page TO FU direc shou		BUR-AL (REMATION, PEMOVAL (Specify)	7/22/68. St. 9	CEMETERY OR CREMATORY ohn's Cemetery 250. MED B	23d. LOCATION (City or Town) Hydes, M.	(County) (State)
	VR A15 (4) 30M REV 1/68	24.	funeral director Leonard J. Ri	uck, Inc. Balto. M		FEGISTRAP 256. PLECTRAR S	also Judge



1 0000		D STATE DEPARTMENT O		
38701	DIVISION OF VITAL RECORDS, (	ERTIFICATE OF DEAT		9712
DECEASED-NAME (Type or print)  Robert  3 SEX  Male  70 BIRTHPLACE (Stote or foreign country)  Maruland  10. CITY OR TOWN OF BEATH  TOWSON  13a USUAL RESIDENCE (Where deceased odmission) STATE  Larryland  14. FATHER'S NAME First  Goshua  16a. WAS DECEASED EVER IN U.S. ARMEE Yes, no, or unknown) (If yes give wor. IMMEDIATE  Conditions, if ony, which gave asset in mediate cause (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CONDITION  19a. DATE OF OPERATION 19b. CO.  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH  (III either anily medical examine)  21d INJURY OCCURRED 21e. Pl  While Not while of work  22o. I certify that (I) (this saw the deceased alive causes stated oboye, 22b SIGNATURE	Mrddle	Lost	2a. DATE OF DEATH	2b. HOUR
Robert	E. '	Shinley	7 Month 15 Day	1968 4:15AM
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Male	White	March 20.	1875 93 YRS.	MUNICIPAL CALLS MINI
7o BIRTHPLACE (Stote or foreign country) 7	b CITIZEN OF WHAT COUNTRY?	8. MARRIED   NEVER MARRIED	9. COUNTY OF DEATH	
Maryland	USA	WIDOWED DIVORCED	Balt	imore Md
10. CITY OR TOWN OF BEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 120	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
Towson	St. Joseph H	Hospital O	g most of working life even if retired.)  Retired annente Liv Juni 132   13e STREET AND NUMBER	INDUSTRY
13a USUAL RESIDENCE (Where deceased odmission) STATE	fived, if institution Residence before			
baryland	13b COUNTY 2	Baltimore YES	NO□ 2430 Bridgehar	npton Dr.
14. FATHER S NAME First	Middle Last	15. MOTHER'S MAIDEN NAJ	4.4 4	Last
Joshua	Shipley		Unknown	
16a. WAS DECEASED EVER IN U.S. ARMER Yes, no, or unknown) (If yes give wor	or dates of service)	4.	Address	1.5
140	216-09-9	1205 Mrs. Marg	aret ( Stagmer	APPROXIMATE INTERVAL
18. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED I	ane cause per line for (a), (b), and (c))		o .	BETWEEN ONSET AND DEATH
	CAUSE (0) -Arterio Scl	erotic Cardio Vac	scular Disease	
4/27	DUE TO, OR AS A CONSEQUENCE OF			
Conditions, if only, which gave anse to immediate cause (a).	(b) Old Age			<u> </u>
stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
last.	(c)			
PART 2. OTHER SIGNIFICANT CUNUI	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE	URLUNDITION GIVEN IN PART 1(0)	
19g. DATE OF OPERATION 19b. CO	INDITION FOR WHICH OPERATION WAS PER	RFORMED 20g. AUTOPSY?	20b IF YES, WERE FINDINGS CO	NCIDEDED IN CERTIFYING
190. DATE OF OPERATION 196. CO	INDITION FOR WHICH OFERWION WAS FEE		CALICES OF DEATING	NSIDERED IN CERTIFIING
210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Enter nature of injury in Part 1 ar Port 2, If	am 18 \
	HOUR A.M. Manth Day Year		core number of injury in roll 1 di roll 2, ii	ent 10.j
G GR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine) 21d INJURY GCCURRED 21e. Pl	P.M. 19 ACE OF INJURY (AT HOME, FARM, STREET, FAC		. No. City or Town	County State
trine the mine	OFFICE BUILDING, ETC.	) ziii toeriioii siicei sii kii.s	. no. City of form	county state
a de wark at wark	hasnital) attended the decease	od from Tielly 13	9.68 to July 15 19	68 that (I) (we) last
saw the deceased aliv	e on July 15	9_68, and that in (my) (our)	9.68 , to July 15 , 19 opinion death accurred on the dot	e and hour and from the
causes stated obove.	(I) (we) (did) (did not) view the l	oody after death.		
22b SIGNATURE	Just	ATTENDING C		ATE SIGNED
DO L. PURIOCIANIS		DEGREE PHYS.	DIRECTOR L. PHYS. LAL JU	dy 15,1968
22d. PHYSICIAN'S NAME (Type) Luis	E. Renjel M.D.	22e. ADDRESS 7620	York Rd. Towson, Md	. 21.204
23a. BURIAL, CREMATION, 23b. DA	TE 23c NAME OF I	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) , (State)
REMOVAL (Specify) 7			tery Baltimore	
24. FUNERAL DIRECTOR	ADDRESS	250 RF	D BY REGISTRAR 250 PEGISTRAR'S	IGNATURE
Leonard J. Ruci	k, Inc. Balto. Me	d. 21214 DATE	TTO 1998 Kenone	A Jungan





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 30) W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ( 7714 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 20. DATE OF DEATH First 2b HOUR (Type or print) Month 28 1968 eor S. July Catherine Simon būnol-transit permit. Then please remove carban papers. Pages 🕇 bunol, cremotian, or removal, and in any event, within 72 hours after i 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF INDER 1 YEAR last birthday) MONTHS DAYS HOURS completely filled in by the March 24. 1906 White Female executed within 24 hours 70 BIRTHPLACE (State or fore on 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DC country) Baltimore DIVORCED [7] WIDOWED Maryland 10. CITY OR TOWN OF DEATH USA 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
St. Joseph's Hospital during most of working life, even if ret red.)
Bank Clerk INDUSTRY Towson 130 USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 136 STREET AND NUMBER 2809 Goodwood Rd. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 21214 DHEL (OF END 13b. COUNTY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Middle pub Last Simon Petersam loseph Anna please physicion ficote . 16b. SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give was or dates of service) 212-03-7202 Miss M. requires that the death cert CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )
 PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the ottendir buriol-transit permit. Carcinomatosis with ascites IMMEDIATE CAUSE (a) \_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) Adenocarcinoma sigmo2d rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to I 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🕎 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) or contribut NG cause of DEATH HOUR A.M. Month Doy Year P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while at work 22a | certify that (1) (this haspital) attended the deceased from July 20, 1968, to July 28, 1968, that (1) (we) last saw the deceased alive an July 28 1968, and that in (my) (aur) opinion death occurred on the date and hour and from the couses stated abave. (1) (we) (did) (did nat) view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR July 28, 1968 22e. ADDRESS 22d PHYSICIAN S NAME (Type) Beatriz P. Dizon M. D. 7620 York Rd. Towson, Md. 21204 23d. LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (State) 230 BURIAL CREMATION REMOVAL (Specify) Baltimore, Md. Holu Redeemer ( emeteru Burial 24. FUNERAL DIRECTOR



11. NAME OF HOSPITAL OR INSTITUTION (If not an hospation of the property of			PURION OF ME			PAKIMENI UF		ADVIAND ATACT	THE WAY	_
Topicsationamic   First   Middle   SKALA   S. DAIT OF BIRTH   To Polar   SKALA   To Polar   To Pol	.070	**	DIAISIOM OL AI					AKTLAND ZIZUI	110	)
S. SEK   A. RACE   S. DAIE OF BIRTH   6 AGE [in years in the second process and process of the beddelphy of year of the beddelphy of t			RY JOS	Middle			2o. DATE (	DF DEATH Month 28	y 68 <sup>Year</sup>	
The control					S. [		11	6 AGE ( n years lost birthday)	IF UNDER 1 YEAR	IF JNDER 24 HRS
10. CITY OR TOWN OF DEATH	70 BIRTHPLACE (Storage of Country) MARY	te ar fareign		COUNTRY?						Md
STATE   MD   13b. COUNTY   BALTO   YEST   NO   330 ENDSLEIGH AVE	10. CITY OR TOWN (	F DEATH	11. NAME	OF HOSPITAL OR INST PODDIESS) ATER BAI	TUTION (IF not in	hospitol 120. Utdiring				BUSINESS OR
CYRIL  SKALA  MARTE  BENDA  166. WAS DECEASED EVER IN U.S. ARMED FORCES? YEARD OF CONCIONANT  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY  CORDITIONES PIRATORY INSUFFICIENCY  DUE TO, OR AS A CONSEQUENCE OF  CONSEQUENCE OF  INMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH?  18. CAUSE OF DEATH (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH?  18. CAUSE OF DEATH (CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  18. CAUSE OF DEATH?  20. ACCIDENT WAS UNDERSYING  21. ACCIDENT WAS UNDERSYING  21. AUGUST OCCURRED  While  18. CAUSE OF DEATH?  21. AUGUST OCCURRED  While  18. CAUSE OF DEATH (CONDITIONS CONTRIBUTING AND DAY  21. HOW INJURY OCCURRED  While  19. DECONTRIBUTING  21. LOCATION Sireet or R.F.D. No.  City or Town  County  Stote  19. CONTRIBUTING  COUNTY  STORM  TOWN  19. CONTRIBUTING  COUNTY  STORM  TOWN  CAUSES  TOWN  CAUSES  19. GB, that (1) (we) located above, (1) (we) (did) (did not) view the body after death.  220. PHYSICIANS  1220. PHYSICIANS  1220. PHYSICIANS  1220. PHYSICIANS  1220. ADDRESS  15. TIME OF INJURY  CAUSE OF DEATH?  CAUSE OF D				Residence before		1		330 ENDS	LEIGH	AVE.
RETURN CONTRIBUTION   COUNTY   CARD TO DEATH SUPPORT   CARD TO NET   CAUSE OF DEATH   CAU	CYRIL			SKALA		MARIE		)A		Lost
RETWEEN ONSET AND DEATH   STAFF   CAUSE OF BEATH   STAFF   CAUSE OF BEATH   CAUSE OF BEAT	160. WAS DECEASED Yes no or unkno	EVER IN U.S. ARM					CHART	Address		
HOUR A.M. Manth Doy Year 19   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)   21f. LOCATION   Street or R.F.D. No.	nise to immer stating the u lost	liote couse (a), (a), derlying couse (	(b)	PNEUMON I CONSEQUENCE OF	RELATED TO THI	E TERMINAL DISEASE O	RCONDITION GIV	/EN IN PART }(o)		
HOUR A.M. Manth Doy Year 19   19   21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)   21f. LOCATION   Street or R.F.D. No.	190. DATE OF O					YES NO	CAUS	ES OF DEATH?		CERTIFYING
22a. I certify that (I) (this hospital) attended the deceased from 7-09, 19-68, to 7-28, 19-68, that (I) (we) loss saw the deceased alive on 7-28, 19-68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death.  22b. SIGNATURE  DEGREE PHYS DIRECTOR STAFF PHYS. 22c. DATE SIGNED 7-29-68	☐ OR CONTRIBUT	NG CAUSE OF OEATH y medical examin	HOUR A.M. A	fanth Doy Year						Stote
DEGREE PHYS DIRECTOR DIRECTOR TO STAFF PHYS. TO THE PHYS.	22a. I certi saw tl couse:	fy thot (I) (thi e deceased al stated abave	is hospitol) ottend live on7° , (I) (we) (did) (did	ed the deceosed -28 19 d not) view the b	from 68, and th ody after dea	ot in (my) (our) o	68 , ta_ pinion deoth	occurred on the d	ote ond hour	t (I) (we) lost and from th
		ER	Souly		DEGREE	PHYS 22e. ADDRESS	DIRECTOR L	STAFF PHYS.	7-29-6	
**BURTAL 8-1-68 BOHEMIAN NAT. CEM. BALTIMORE MD.	22d. PHYSICIA NAME (T) 23a. 8URIA., CREMI REMOVAL ISPA	Pe) E . R . S		23c. NAME OF C		MATORY	23d. LOCA	IMORE MED  TION (City or Town)	(Caunty)	(State)



<i>_</i>	1			ID STATE DEPARTMENT OF HE		
1	ı	00785		301 W. PRESTON STREET, BALTIN CERTIFICATE OF DEATH	ORE, MARYLAND 21201	, or 16
	1.0	ECEASED NAME First		Last	20. DATE OF DEATH	
de se		ype or print)  JOF			Month , Doy	23 Yeor 68 6 A M
	3. 5		4 RACE	SMALL IS DATE OF BIRTH	6 AGE (In years	15 UNDER 1 YEAR   15 UNDER 24 HRS
rrs aft y the Pages urs afte		MALE			lost hithday)	MONTHS DAYS HOURS MIN.
aurs Page		BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT COUNTRY?	Sept.4, 1906	COUNTY OF DEATH	
hai hai b		Mary land	USA	8. MARRIED NEVER MARRIED 9. WIDOWED DIVORCED		** 1
nin 24 filled pape fhin 77	10	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		BALTIMORE OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
with with with	L	BALTIMORE	GREAT BAL	T. MED.CENT	of working life, even if retired.) Sa Lesman	IND_STRY Retired
ate be executed with	13a.	ission) STATE	sed lived, if institution Residence before	13c. CITY OR TOWN 13d INSIDE CITY LIMIT YES NO		
com com	H	ATHERS NAME First	110		712 110 1110	
e ex and rem	114		Middle Lost	IS MOTHER'S MAIDEN NAME Firs		Lost
ate be	160	Frederick Sma		Agnes J. McCa	USIANG Address	
etifical even pe			wer or dates of service) 212-05-28			
		18 CAUSE OF DEATH (Enter o	n y one couse per line for (o), (b), and (c)	)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
endth ar re		PART I. DEATH WAS CAUS	N DV	IA AND SEPSIS		STATE OF STATE
attenda permit.		1013	DUE TO, OR AS A CONSEQUENCE OF			
the the ratio		Canditions, if ony, which gave	AL CA OF	STOMACH AND WIDE	SPREAD	2½ yrs.
that bn. by t rans		rise to immediate cause (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		STASIS	
quires that tl physicion. signed by the burial-transit burial, cremal	П	lost.	(c)			
aquires that the d physician. signed by the att burial-transit per burial, crematian.		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR COL	IDITION GIVEN IN PART 1(0)	
ing en to	l <sub>z</sub>	15.				
AN: The law re all ar attending all ar attending icate has been for use as the Health prior to	CERTIFICATION	90 DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE		20b IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
The state of the s	RIE			YES NOTE NOTE		
AN: all ar cate or v		210. ACCIDENT WAS UNDERLYING CAUSE OF DE		21c. HOW INJURY OCCURRED (Enter n	ature of injury in Part 1 or Part 2,	Item 18.)
SIC.	MEDICAL	(If either, natify medical exam	iner) P.M. 1	9		
Page 4 may be refained by the haspital ar attending physician.  For Euneral Director: After this certificate has been signed by the attending director, page 3 shauld be detached for use as the burial-transit permitshould be filed with the State Dept of Health prior to burial, crematian, arre	2	21d IN.JRY OCCURRED 21e White Nat while of wark of wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING ETC.	CTORY.) 21f LOCATION Street or R.F.D. No.	City ar Town	Caunty Stote
IDING d by the After i d be d		22a. I certify that (I) (t	ns haspital) attended the deceas	ed from 6/28 , 19 6	8, ta 7/23 , 19	68 , that (!) (we) last
ed bed by Afficial File File File File File File File Fil		saw the deceased	al ve on	19 and that in (mv) (aur) agini	an death accurred on the do	te and havr and from the
A ATTENIC refained refore: A 3 shauld with the	П	22b S.GNATURE	e, (I) (we) (did) (did not) view the	bady affer death	1 99.	DATE SIGNED /
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shault should be filed with the	ш	Parre	P. Frud Canda	F.D. DEGREE PHYS DIR	CTOR D STAFF	123/68
AL AL O	1	22d. PHYSICIAN S		22e ADDRESS	/	7 7 7 0 0
O HOSPITAL OR Page 4 may be r O FUNERAL DIRE director, page 3 should be filed v		NAME (Type) BARR	Y R. FRIEDLANDE	R.M.D. 6701 NO	RTH CHARLES S'	r BALT MD
HOS HOS Oulco	23a	BUR AL, CREMATION, 236.			23d LOCAT ON (City or Town)	(County) (State)
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		REMOVAL (Specify) Burial Ju		ood Cemetery	Baltimore, Md	
VR A15 (4)	. 24	funeral director Lugenia K. Sei	tz 5209 York Road	2So. REC'D BY	REGISTRAR 256 REGISTRAR'S	SIGNATURE
30M REV 1/68		Seitz Funeral	Home Balto. Md. 2	1212 DATE JUI	2 5 1968 gcu	arles Judge



16	l (	9785	MAKTLAR DIVISION OF VITAL RECORDS,	D SIAIE DEPAKIMER		DVI AND 21901	2 0 2 101 0 404	
As	Ī	tom2a,FilmG402		CERTIFICATE OF D		KILAND ZIZUI	717	
death.		CEASED NAME First  You or print) Martha	Middle L. Smith	Last	2o. DATE O	DEATH July 3	, 1968 Yeor	2b. HOUR
5/ 2	3. SI	x F	4. RACE	S DATE OF BIRTH	н	6. AGE (In years lost birthday)	HE UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
S	_		Cauc		18,1892			
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ecuted with completely ove carbory y event, with		USUAL RESIDENCE (Where deceased issian) STATE Md.	lived, if institution: Residence before   13b COUNTY Baltimore		INSIDE CITY LIMITS? 13e S	REET AND NUMBER  20 Castle	Dr.	
ond cond in any	14.	ATHER'S NAME First	Middle Last	15 MOTHER'S MAID	EN NAME First	Middle		Last
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e death c ottending sermit. TI on, or rett		PART I. DEATH WAS CAUSED IMMEDIATE  Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE OF	except (f	anes	as)		ATE INTERVAL SET AND DEATH
equires that the physicion. signed by the burial-tronsit purial, cremath		rise to immediate cause (a), ( stating the <u>underlying couse</u> lost.	(c)					
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ICIAN: The pital or of militate had for use of Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING □ or contributing □ cause of DEATH (If either, notify medical examine	r) HOUR A.M. Month Day Year	9	RED (Enter nature of inju	ry in Part I ar Part 2,	Item 18.)	
DING PHYSICIA I by the hospital After this certific be detoched fo Stote Dept. of H	M.	at work at work	LACE OF INJURY (AT HOME, FARM, STREET, F) OFF.CE BUILDING ETC	1 / /	101	or Tawn	County	Stote
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O HOSPITAL OR ATTENU Poge 4 moy be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE	Stelfree	DEGREE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.   220	PATE SIGNED	,68
O HOSPITAL Poge 4 moy O FUNERAL director, pag should be fill			.G.Helfrych	22e. ADDRE	C Kota	ad ap	21-1	CAL
Poge direct by the by t	230.	BURIAL, CREMATION, 23b. DAREMOVAL (Specify) Burial Ju		CEMETERY OR CREMATORY	Bos	ON (City or Town) ton, Mass.	(County)	(Stote)
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRES:		So. REC'D BY REGISTRAR	25b REGISTRAR'S		
30M REV. 1/68	L	Wm. Cook→Brook	s Towson, Towson,	Md, 21294 D	O C U UJA	38 Jelian	cos jung	

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		•			ND STATE DEPARTM				
	1	0000	DIVISIO	N OF VITAL RECORDS	, 301 W. PRESTON ST		E, MARYLAND 2120	01	
		35.503	<b>.</b>		CERTIFICATE OF				
	al d 2 d 2 oth.	1. DECEASED-NAME (Type or print)	First  DANTEL	Middle	SMOTHERS	2a.	DATE OF DEATH Month	2 <sup>Doy</sup> 68	2b. HOUR
	uneral Nand						•		1:50P <sub>M</sub>
	s offer	3 SEX MALE	4 RACE	NEGRO	S DATE OF B		6 AGE (in year los birthday)		IF UNDER 24 HRS HOURS MIN.
•	n 24 havrs ofter death, illed in by the funeral papers pages hand 2 nin 72 havrs it death.	70 BIRTHPLACE (State of ANN) APOLIS		U.S.A.	8 MARRIED A NEVER MAI WIDOWED DIVO	KKIED	INTY OF DEATH  LTIMORE COU	NTY,	Md
_	s executed within 24 and completely filled remaye carban pape n any event, within 77	FORT HOWA		anya ctrant addrace)	NSTITUTION (If not in haspital	12a USUAL OCC	DPATION (Kind of work i working life, even if retil	dane 12b KIND OF red) COPPER	BUSINESS OR
	requires that the death certificate be executed within g physician.  signed by the attending physican and completely filling burial-transit permit. They phose remaye carbon popurial, crematian, ar emaya, and in any event, within a burial, crematian, ar emaya, and in any event, within		Where deceased lived, if ARYLAND 13b CO	institution Residence before	13c CITY OR TOWN BALTIMORE	13d INS-DE CTY LIMITS? YES NO	130 STREET AND NUMBE 1618 N. Cal	ER	
	and co	14 FATHER'S NAME		iddle Last		IAIDEN NAME First	Midd	dle	Last
	te be tan ar ase rate ind in	GU				MARY		UN	KNOWN
	hysician p pease va, and i	Yeyrs DECEASED EVI	R IN U.S. ARMED FORCES		NO. 17 INFORMANT CLIN.REC	CORDS, VA	HOSPITAL, F	T HOWARD,	
	e de la certa del la certa de	18. CAUSE OF DE	ATH (Enter anty ane caus	e per line far (a), (b) and (				BETWEEN (	MATE INTERVAL DNSET AND DEATH
	and and	PART I. DEAT	H WAS CAUSED BY IMMEDIATE CAUSE (	BRONCHOPNE	UMONIA			DAYS	
	affen permi	100	DUE T	O, OR AS A CONSEQUENCE O	F	th on Door	m 1 0070		
	that the an. by the transit cremati	Conditions, if any rise to immediat	e couse lai f		ADENOCARC INCM	IA OF PRUS	TATE		
	physician. signed by the burial-transit	stating the unde		O, OR AS A CONSEQUENCE O	F				
	equires the physician signed by burial-tra burial, cre		CNIEICANT CONDITIONS CO	NATEURITING TO DEATH BUT	NOT RELATED TO THE TERMINA	TICHNOT OPERAL	ON CIVEN IN PART NO		
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	r attending e has been use as the	19a. DATE OF OPERA	ATION 196. CONDITION	FOR WHICH OPERATION WAS	PERFORMED 20a. AUTO	OPSY?	20b. IF YES, WERE FINDI	INGS CONSIDERED IN C	ERTIFYING
	The after has se a the pr				YES	] NO []	CAUSES OF DEATH?	ES	
	Zotala			TIME OF INJURY		CURRED (Enter natur	e of injury in Part 1 or Pi	art 2, Item 18.)	
	Pride Political	☐ OR CONTRIBUTING (If either, notify n	nedical examiner)	R.A.M. Manth Day Yea P.M.	19				
	G PHYSICIAN: the haspital ar this certificate detached for u te Dept. af Heal	While Nat wh	ıle 🗆		ACTORY ) 21f LOCATION Stre	et ar R.F.D. Na.	City or Town	County	State
	ING by the	22a. I certify	that (this haspite	), attended the decea	sed fram 8/22/67 19, and that in (#			., 19, that	
	ined to OR: Afault to Suld to The Suld to Suld to The	causes st	deceased alive an ated abave, ( <b>杯</b> (we	(did) (did light) view th	_19, and that in (# e bady after death.	呀(aur) apinion	death accurred an th		
	OR ATTENI be retained DIRECTOR: A ie 3 shauld ed with the	22b SIGNATURE	Palle	11. m12	DEGREE PHYS.	ING MED.	R STAFF	22c. DATE SIGNED 7/2/68	
	ray RAL (RAL) Pog Pog be fil	22d PHYSICIAN'S NAME (Type)	JOHN D. I	ALBERT, M. I	22e. ADI	DRESS VAH FORT H	OWARD, MARY	TAND	
	D HOSPII Page 4 m D FUNER director, shauld b	23a BURIAL, CREMATIO	N, 23b. DATE		F CEMETERY OR CREMATORY	23d	LOCATION (City or Town	) (Caunty)	(State)
	55 5 g z V	BURTAL (Specify)	7-5-6		ORE NATIONAL		BALTIMORE, M		
	VR A15	24. FUNERAL DIRECTOR		KETSON T	UNERAL HOME	2So. REC D BY REG	5 1968 2Sb. 1995	RARS SCHATLA	lee.
	30W REV MEN	Vernon i	Bailey		CALHOUN STREET		ORE, MD	g	7



10	1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, B		0200
	ı	00783		ERTIFICATE OF DEAT		. 200
funeral 1 and 2 1er death.		ECEASED NAME First Type or print) WALD	Middle CER MICHAEL	SNYDER, SR.	2a. DATE OF DEATH Month July	25. HOUR A 1968 4:45M
5 2 3	3. S	X Male	4 RACE White	5. DATE OF BIRTH June 4.	1900 6. AGE (In years last birthday).	IF UNDER 1 YEAR IF UNDER 24 HRS. MOINTHS DAYS HOURS MIN
and Market		BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
72 Ped 72		Maryland	USA	WIDOWED DIVORCED	Baltimore	Md.
within 24 ely filled ban pape		CITY OR TOWN OF DEATH  Towson	ii. NAME OF HOSPITAL OR IN: give street address) St. Josep	h Hospital	USUAL OCCUPATION (Kind of work dane ng mast of working life, even if retired)  retired Sales McC	12b. KIND OF BUSINESS OR INDUSTRY AUTO HO GILE
e executed within 24 and campletely filled remove carban pap	13a. adm	usual RESIDENCE (Where deceases issian) STATE Maryland	sed lived, if institut an Residence before 13b COUNTY BOLTINGRE	13c CITY OR TOWN 13d INSIDE YES	NO 6611 Ellesmer	e Place 21234
be exe and of tin any	14.	FATHER'S NAME FIRST	Middle Last	18. MOTHER'S MAIDEN NA DORA	ME First Middle	Last
ertificate b physician pen please ioval, and i		WAS DECEASED EVER IN U.S. ARA	MED FORCES? var or dates of service)  16b. SOCIAL SECURITY  225-10-1	971 M. RICHARD E	Address SNYDBR 1542 NORT	hwick Rd.
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs hospital or attending physician. This certificate has been signed by the attending physician and completely filled in the frached far use as the burial-transit permit. Then please remove carbon papers Dept at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDI	dy one couse per line for (a), (b), and (c). D BY Carcinomato ATE (AUSE (a)	sis, primary lef	t lung	APPROXIMATE INTERVAL  DETWEEN DISET AND DEATH
at the of the att		Canditions, if any, which gave in insert a immediate cause (a),	(b)			
quires that the physician. Signed by the burial-transit burial, cremat		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			
w required by the purity of th	8	1621	NDITIONS CONTRIBUTING TO DEATH BUT N			
AN: The law r bil or attending icate has been for use as the Health priar ta	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES 🛣 N	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
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DING PHYSICIAN: The law reby the hospital or attending lifer this certificate has been be detached far use as the State Dept of Health prior to	WE	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME FARM, STREET, FAR DEFICE BUILDING, ETC	TDRY.) 21f. LOCATION Street at R.F.I		County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Pane 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be defached far use as the burial-transport of the state Dept af Health priar ta burial, creating the sta		22a. I certify that (1) (the saw the deceased a causes stated above	is haspital) attended the decease live an July 6 e, (I) (we) (did) (did not) view the	ed from June 10, 90, and that in (my) (out bady after death.	1968, faJULY 6_, 19_   apinian death accurred an the dat	that (M) (we) last the and haur and fram the
OR A1 be reto DIRECT THE 3 Sh		22b. SIGNATURE / - 11 C	heim M.D	DEGREE PHYS.	MED. STAFF DE JUL	ate signed y 6, 1968
TO HOSPITAL OR ATTEND Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			ina Feliciano, h.		ork Road, Towson 4,N	d.
Polle direct should	230	A JURY PARC	49,1968 MCST,	CEMETERY OR CREMATORY 4544 RECLETAGER	23d. LOCATION (City or Town)	(Caunty) (State)
OM REV 138	24.	FUNERAL DIRECTOR Andrew Cons	Blin 5444 BELL	are Rd. DANU	L 10 1968 256. REGISTRAR'S	IGNATURE



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within 24 sly filled 7 son paper within 24	10. C	TY OR TOWN OF DEATH  BALTIMORE	give	IAME OF HOSPITAL OR II street address) GREATCP	× 1	ot in hospital Med, CTA	during mast	CCUPATION (Kin of working life, Howes	d af work done even if retired)	126 KIND OF BI INDUSTRY	SINESS OR
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tificate hysicio n plea val, an		WAS DECEASED EVER IN U.S. ARM es, na, ar unknown) (It yes give w	ED FORCES? or or dates of service)	166 SOCIAL SECURITY		NFORMANT PRENCE	W. Soi	Idan	2000 Wo		
h certif ing phy Then remova		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED									ET AND DEATH
10 To 12 To		IMMEDIA	TE CAUSE (o) K.	ESPIRATO			IENCY A	AND FA:	LLURE		F LUNG
± = ± =		Canditians, if any, which gave )		AS A CONSEQUENCE OF ETABOLIC		TRRANCE	E OF G	ENERAL	TYPE	1 y	
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equires the physician signed by buriol-tror buriol, cre		PART 2. OTHER SIGNIFICANT CON	(t)	ADVANCE						18	
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AN: The law requires that all or attending physician. irote has been signed by the for use as the burial-transi Health prior to burial, crements.	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR W	HICH OPERATION WAS P		20a AUTOPS	но □	CAUSES OF			TIFYING
ICIAN: pital or rificate d for u	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN or contributing Cause of Deat (If either, notify medical examin	HOUR A.M.	. Month Doy Yeo	21c H( r 19	OW INJURY OCCU	IRRED (Enter no	iture of injury in	Port 1 ar Port 2,	ltem 18.)	
ATTENDING PHYSICIAN: The law re retained by the hospital or attending ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to	MED	21d, INJURY OCCURRED 21e. While Not while	PLACE OF INJURY	AT HOME, FARM, STREET F OFFICE BUILDING, ETC.	ACTORY.) 21f LC			City or T		County	State
tbing d by th After ti d be de e State		22a. I certify that (I) (thi	s haspital) at	tended the decea	sed from	6/29	, 196	8, ta7	/31, 19.	68 , that	I) (we) last
ATTEND etained B CTOR: At should the Shift the S		22a. I certify that (I) (thi saw the deceased a causes stated abave	, (I) (we) (did	/ = 3 I ) (didynet) view the	bady after (	d that in (my leath.	) (aur) apinio	ın death accu	rred an the da	te and hour a	nd tram the
HOSPITAL OR ATTENDING PHYS age 4 may be retained by the hosp FUNERAL DIRECTOR: After this cel irector, page 3 should be detache hould be filed with the State Dept.		22b. SIGNATURE DO	+ Mon	hammay	of M.D.	ATTENDING		TZ CT	22c.	DATE SIGNED 7-31-68	
ITAL moy b		22d. PHYSICIAN'S NAME (Type)	CT MOU	AMMAD MD		22e. ADDR		N. CH	ARLES S	T	
HOSP nge 4 FUNE rirector	23 g	BURIAL CREMATION, 23b. I		23c NAME O	CEMETERY OR	CREMATORY K. C.e.	2	BAL	ity ar Tawn)	(County)	(Stote)
VR A15		FUNERAL DIRECTOR	10/6	ADDRES A		12	2Sa REC'D BY R	EGISTRAR	25b REGISTRARS	SIGNATURE	70-1
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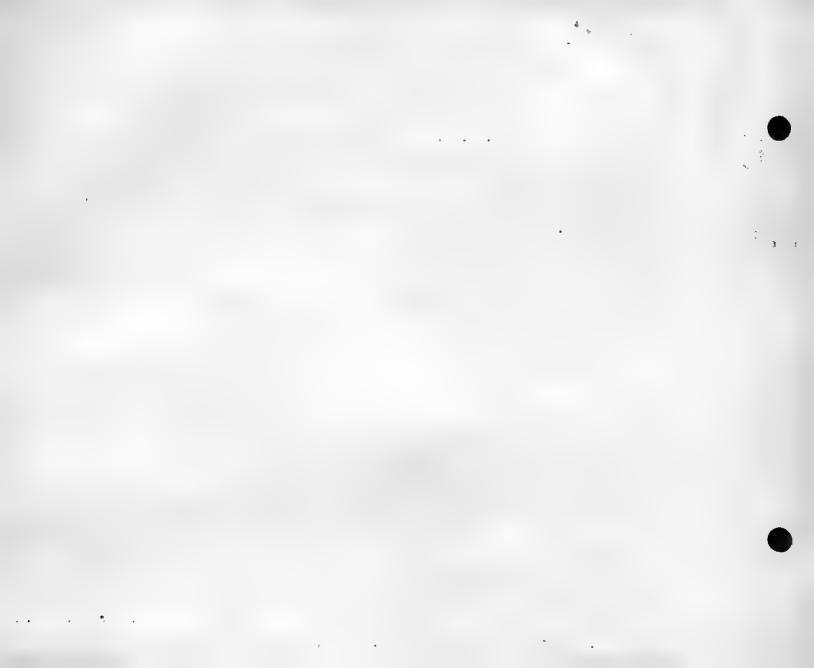
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 2n DATE OF DEATH 2b. HOUR 1:40E after death (Type or print) Bonnie SOUTH Jean 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years FLINDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS Female 10/29/49 White hours 70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Washington D.C. nd campletely filled in remave carban papers. U.S.A. WIDOWED [ DIVORCED [ Baltimore and in any event, within 72 24 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12g. USUAL OCCUPATION (Kind of work done within 12b. KIND OF BUSINESS OR Rosewood State Hospital during most of working life, even if retired.) Owings Mills Dependent none 13a US\_AL RESIDENCE (Where deceased lived, if institution; Residence before 130 CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland YES 🖂 NO 🗌 Brandywine 2 - Box 161T 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAJDEN NAME First Middle last Walter Melvin South Catherine Burma Lawrence 16b. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no. or unknown) Rosewood Records, Owings Mills, Maryland cremation, ar remaval, none 18 CAUSE OF DEATH (Enter any one cause per ne for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 10 Day IMMEDIATE CAUSE (a) DUE TO, OR AS/A CONSEQUENCE OF signed by the burial-transit p Conditions, if only, which gave t nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). has been ed far use as the af Health priar ta 19a. DATE OF OPERATION 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO T yes certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. State Dept. 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No. 21a INJURY OCCURRED City of Town County State While Nat while at work 22a. I certify that (% (this haspital) attended the deceased from 11/29, 19 00, ta 1/27, 17 00, 1101 (1) (we) 1031 Page 4 may be retained director, page 3 shauld shauld be filed with the TO FUNERAL DIRECTOR: causes stated above, \$1) (we) (did) (attack) view the body after death. 226 SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS. 7/17/68 DEGKEE PHYS 22d PHYSICIANS 22e ADDRESS Richard A. Jones. M.D. NAME (Type) Rosewood St. Hosp., Owings Mills, Md. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BUR-AL CREMATION (County) (State) REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Charles 30M REV



2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
y />	L	CERTIFICATE OF DEATH
death. neral and 2 death.		CCEASED-NAME First Middle Last 20. DATE OF DEATH Type or print) Harry M. Speekel July Month 2.5 Day 19 to 8264 M
be executed within 24 haurs after death and completely filled in courts funeral en remove carban papers. Races 1, and 2 in any event, within 72 hours offer death	3. 51	4. RACE   5 DATE OF BIRTH   6 AGE (In years life shoter) YEAR IF UNDER 24 HRS.   6/29/99   6 AGE (In years life shoter) YEAR IF UNDER 24 HRS.   MONTHS DAYS HOURS MIN
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withi with f		Catonsville Summit Nursing Home do the constraint of the constrain
cuted withing ampletely fi	13e adm	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c (ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Baltimore Catorsville 1244 Stevens Ave.
be exemple in any	14.	FATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost  Edward H. Spieker Florence (Unknown)
ate ician eas	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (PS no gr unknown) 1 (If yes give wor or dates of service)
physician physician ien please oval, and		No 212-10-6770A   Edward Spieker, 2706 Wren Way, Glen Burnie Md
requires that the death certificate, g physician. signed by the attending physicial e burial-transit permit. Then pleas a busial, crematian, ar removal, and		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  CANADA VASCULlar Collegae  IMMEDIATE CAUSE (b)
he de att peri		Conditions, if any, which gove)  DUE TO, OR AS A CONSEQUENCE OF .
that the an. by the transit p		rise to immediate cause (a).
es the siciar siciar ed be of the officer of the officer offic		stating the underlying couse (c)
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PHYSICIAN: le haspital ar his certificate stached far u Dept. of Heal	MEDICAL CER	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Year (If either, natify medical examiner)   P.M. 19
JING PHYSICIAN by the haspital fter this certifice be detached fail	W	21d. INJURY OCCURRED  Virille Nat while of work of work of work of the state of the
Page 4 may be retained by the haspital ar attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, ad completely filled is director, page 3 shauld be detached for use as the burial-transit permit. Then please benove carban paper shauld be state Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72		22a. I certify that (I) (this hospital) extended the deceased from 1966, 1966, to 1966, to 1966, that (I) (we) lost saw the deceased alive an 1966, and that in (my) (our) opinion death-occurred and the date and hour and from the couses stated above, (I) (we) (old) (did not) view the body after death.
OR ATTENE be retained JIRECTOR: A JIR S should ed with the		226 SIGNATURE  ATTENDING MED STAFF 220 DATE SIGNED  PHYS. DIRECTOR PHYS. 220 DATE SIGNED  1/2-5/6-8
TO HOSPITAL Page 4 may b TO FUNERAL D director, page shauld be file		22d PHYSICIAN'S NAME (Type) Damian Alagia 22e. ADDRESS 3.326 Fusel Esceptive Ballo 2976
FUN FUN	23a	BURIAL CREMATON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)  REMOVALISPECTY  T-27-68  Loudon Park Cemetery  Frederick Ave. Balto. Md.
F-5 0K	24	ETHERAL DIRECTOR ANDRESS AND SECURITIES AND SECURITIES AND SECURITIES
VR A15 PR	1	Howard H. Hubbard, 4107 Wilkens Ave. Balton 111 29 1968 Ochonson Ochonson

MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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er deotl funeral l l ond rer deotl	3 SI	X	4. RACE			S. DATE OF BIRTH			IF UNDER		F UNDER 24 HRS.
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the old the ol	ŀ	Conditions, if any, which gave:		o, or as a consequence (b) <b>Divertic</b>		c			7	L wee	a b
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UNE CLINE	23c	BURIAL, CREMATION, 23b				OR CREMATORY		ord Rd. LOCATION (City or Town)	Caur	nty)	(State)
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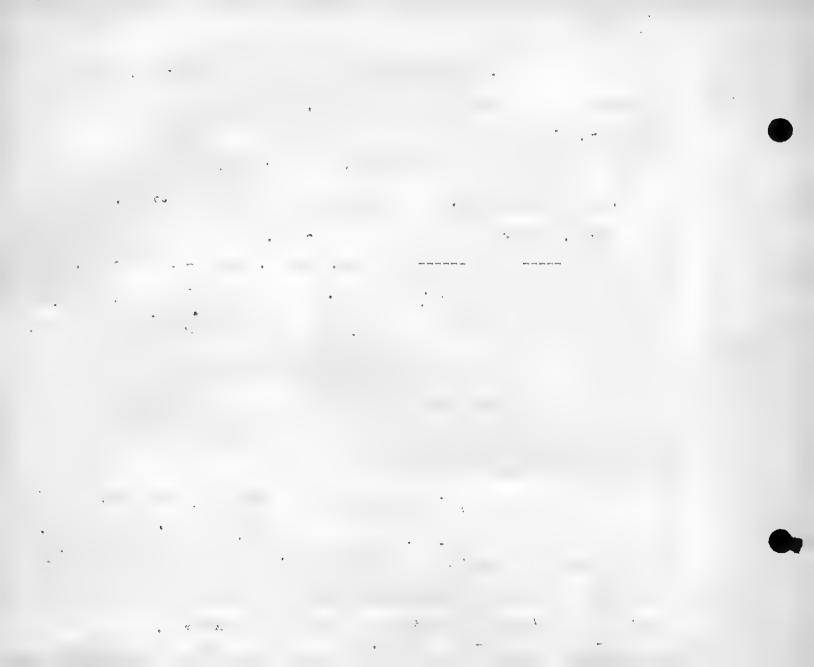
	MAKTIAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 09726	
	CERTIFICATE OF DEATH	
	AME OF DECEASED	_
and 2	CARE SIEMM annioy 2-34M 177/68	M.
	LACE IN SALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD  4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admissi	on)
offer	Baltimore Co.	
	SPITAL OR ADDRESS OR LOCATION)	
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	13 A-CTO. UC D. 21234. E. STREET AND NUMBER	
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2 3	MARKIED NEVER MARKIED AND MARK	FS.
201	WIDOWED DIVORCED 11/9/86 81 YRS	
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNT during most of working life, even if refered)	RY?
3	T. PREMINER GERSSIPS INC. MD. USA.	
E 1	ATHER'S NAME 14. MOTHER'S MAIDEN NAME	
2		
2	WM. H. STEMM LAWIZA IS. KEEFER	
200	Vos Decessed Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. 17. INFORMANT DOWARD F. COTTREU ADDRESS	
2	UNK 213-03-1370 FAMILY (NEPHENDS.D)	
	18. A LA L	_
5	DISEASE OR CONDITION DIRECTLY	TH
rromotinn	LEADING TO DEATH	
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17.0	heall latture, astheria, etc. It means the disease.	
Š	ANTECEDENT CAUSES AS AD Clumic Catrial Ble. UNK.	
	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS A CONSEQUENCE OF	
2	ANTECEDENT CAUSES  DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the	
DILU .	UNDERLYING CONDITION last. (C)	
0	4 301	
N + 10	OTHER SIGNIFICANT CONTRIBUTING	
TO THOUSE	TO THE DEATH BUT NOT RELATED TO THE TERMINAL	
-	27. I certify that [V(this hospital) attended the deceased fram	١
DATE.	that (1) (we) jost saw the deceased alive an Tuly 19 1968 and that In(m) (our) apinion deeth occurred on the d	ate
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17	and have and from the couses stated above. (1) (We (did) (did not) view the body ofter death.	_
212		
2 2	Phys Director Phys	
Palit o	23C. PHYSICIAN'S (HOME). LUTHERUICE	
20	PHYSICIAN'S NAME (TYPE) AWREST F. AWALT MI) 23D. ADDRESS (HOME). 1 VOE DUBLIN CT. M.D. V.09	3.
4 pluous	BURIAL CREMATION, 124B. DATE   24C. NAME of CEMETERY of CREMATORY   24D. LOCATION (City, fown, or county) (Stote	
2	REMOVAL (Specify)	
	BURIAL 7-11-68 PIRE CREEK UNION BRIDGE MD	
A152	DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR	-
EV.	111 10 1968 Charles Judge HENRY W JEMIKINS & SONS CO. YORK	126



N 1	1	0.0004.0		. 301 W. PRESTON STREET, BALTIJ		
7		20716		CERTIFICATE OF DEATH	NOKE, MAKTEAND 21201	09727
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rent Then Then		1B. CAUSE OF DEATH (Enter only	ane cause per line for (a), (b) and (c)		,	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
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SICL Spitce artification of L	MED C	(If either, notify medical exomine	r) P.M. 1	9		
and the second of the second o	2	at work Not while		(TORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
by 1 fter fter be de	L	22a. I certify that (1) (this	hospital) attended the deceas	ed from 5-27 , 194	3_, to, 19 <u>0</u>	O , thotX(I) (we) lost
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State of the state	П	22b SIGNATURE 0 1-	11-11-1		22c. Di	ATE SIGNED
OR De r	П	Sea 1 J	Etterhol M.D.		CICION - FAILS	ate signed 6-68
TO HOSPITAL OR ATTENDING Page 4 moy be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State	L	22d PHYSICIAN S NAME (Type) Ira L	. Fetterhoff, M.D	• 22e. ADDRESS Spring	g Grove State Hos	pital
HOS ge 4 une ecto	230	BURIAL, CREMATION, 236 DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (Stote)
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D 1	20715		301 W. PRESTON STREET, BAL		0702
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8 200	ROSE	C. STINNER	S. DATE OF BIRTH	July 2nd,	1968 M
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ATTE STORY Shou shou	22b SIGNATURE	(T) (we) (did) (did not) view the	1	220	DATE SIGNED
OR DIRECTOR	CHALLE.	- Kr Bull	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	7/3/68
ITAL moy RAL I pog be fil	22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		7-7
Page 4 may be retained by the hos for FUNERAL DIRECTOR: After this ce director, page 3 should be detoche should be filed with the State Dept.	23a. BURIA, CREMATION. 23b. DA	TE 122 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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	CEST DIV	•	DI W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	1.6729
		CE	RTIFICATE OF DEATH		
	CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
,	ype or print) Otto	Karl	Straif	July 5.	1.968 M
3. 5	X 4	RACE	S. DATE OF BIRTH		HE UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
	liale	White	March 15.	1907 61 YRS.	MUM CAUTO MIN
	IRTHPLACE (State or foreign 7b. C	ITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
	Germany	U 1022	WIDOWED DIVORCED D	Baltimore Cour	nty Md.
10	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTIT	'UTION (If not in hospite) 120 USU/	AL OCC IPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
	6A!1).	5924 Central	Ave 21207 Ba	ker	New System
13 o	USUAL RESIDENCE (Where deceased hivesion) STATE OF STATE 13	ed, if institution: Residence before 13			01-2
2	24 Control Ave	Baltimore [Md	1 100 -	D J924 CENTR	2MZ AVE
14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
L	map they map				
160	WAS DECEASED EVER IN U.S. ARMED FO es, no, or unknown)   (11 yes give war or do	rtes of service)		Address	21207
	No	<u> </u>	40 Mrs. Otto K	. Straif=5924 (	Jentral Ave
	18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY.	couse per line for (o), (b), and ( $\epsilon$ ))	n . 0		BETWEEN ONSET AND OFATH
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ERTII	210. ACCIDENT WAS UNDERLYING	21b, TIME OF INJURY	YES NO L	r nature of injury in Port 1 or Part 2, It	am 10 \
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MEDICAL	a f militari - colleges	P.M 19	IYA 214 INCATION Street or D.E.D. No.	. City or Town	County State
	THE PROPERTY OF	OFFICE BUILDING, ETC.	21f, LOCATION Street or R F.D. No.	, city of fown	
		spitall/attended the deceased	from . 3/ 14 19/a	2 to July 6 196	ob, that (I) (we) lost
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	causes stated above, (I)	(we) (did) (did not) view the bo	dy after death.		
	22b. SIGNATURE)	1	ATTENDING N	AED - STAFF 1	ATE SIGNED
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	22d. PHYSICIAN'S NAME (Type)	NOTE VOES	22e. ADDRESS	annual David Ann	
_	Di . ASII	nard Yaffe		orrest Park Ave.	
	BURIAL, CREMATION, 23b DATE REMOVAL (Specify)		METERY OR CREMATORY	23d. ŁOCATION (City or Town)	(County) (State)
24	REMOVAL (Specify)  Burial  FUNERAL DIRECTOR	10,1967 Dular	ey Valley Cem.	Balto Balto	Co.1/d.
7	TUNERAL DIRECTOR	410]	Edmondson V	Balto Preggram 968 25b. Registrans S	les Judge
Y	itzke Funeral	Directors, Ral	O. Band VAIE	· · · · · · · · · · · · · · · · · · ·	0.0

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1		66244 - DIA	ISION OF VITAL RECORDS,			ND 21201 💢 🖰	*30
1				ERTIFICATE OF DE			
( <b>4V</b> =)2 =		CEASED-NAME First (pe or print) Road-ba	Midd e	Last	20. DATE OF DEATH	onth Day Yr	2b. HOUR
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ffer e fu ffer ffer	3. SE		RACE	S. DATE OF BIRTH			DAYS HOURS MIN
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requires that the death certificate be executed within 24 haurs after g physician.  signed by the attending physician writ cappletely filled in by the first burial-transit permit. Then please remove carban papers. Pages a burial, crematian, ar remayal, and trrany event, within 72 haurs after		TY OR TOWN OF DEATH	give street oddress)	t Ave	lunng most of wasking life, or	ven if retired ) INDUS	IND OF BUSINESS OR STRY
cuted the carry event,	13a odmi	USUAL RESIDENCE (Where deceosed hivesion) STATE	yed, if institution: Residence before 3b. COUNTY  Baltimone	13c. CITY OR TOWN 13d IN YES	ISIDE CITY LIMITS? 13e. STREET A	NO NUMBER Caturent Av	
9 5 6 A	14. F	ATHER'S NAME First	M.ddle Lost	15. MOTHER S MAIDEN	NAME First	Middle	Lost
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and	160	WAS DECEASED EVER IN U.S. ARMED FO		O. 17. INFORMANT		Address	
tific hys n p val,	Ľ	es, na, or unknown) (If yes give war or do	279-78-04	68 Mrs Char	les Walston	37 N. Linwoo	
cer The P		18. CAUSE OF DEATH (Enter only one PART I. DEATH WAS CAUSED BY:	e couse per line for (a), (b), and (c).)	0.1		36	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
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atte			DUE TO, OR AS A CONSEQUENCE OF	0			. ()
t the		Conditions, if any, which gove prise to immediate cause (a),	(b) Carlio - Vac	cules Hypert	ensure Des	ease 8	years
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equ phy sign bur bur		PART 2. OTHER SIGNIFICANT CONDITIO	ONS <u>CONTRIBUTING TO DEATH</u> BUT NO	OT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PA	4K1 I(a)	<i>V</i>
law r nding been s the iar ta	NO	TT TO CONTRACTION LIGH COND	DITION FOR WHICH OPERATION WAS PER	FORMED 20g. AUTOPSY?	John 16 VEC 1	WERE FINDINGS CONSIDERED	D IN CERTIFYING
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e he de	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		D (Enter nature of injury in P	ort 1 or Port 2 Item 181	
ficat far He		TOR CONTRIBUTING LAUSE OF DEATH	HOUR A.M Month Doy Year		to teno name a mont an	5.1 1 65 1 511 2, 51411 1017	
SSIC Sspit Sertifi Ted T. of	MEDICAL	(If either, notify medical examiner) 21d, INJURY OCCURRED 21e, PLAC	P.M. 19 E OF INJURY (AT HOME, FARM, STREET FACT OFFICE BUILDING, ETC.		R.F.D. No City or Tox	wn County	y State
PHN e ho his o		While Not while of work	OFFICE BUILDING, ETC.	,			
× ± ± ± ± de		22a. I certify that (1) (the	meital) ottended the decease	d from March	, 1960, to Die	19, 1968,	, that (I) (we) lost
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after pears.  Page 4 may be retained by the haspital ar attending physician.  O FUNERAL DIRECTON: After this certificate has been signed by the attending physician may campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Dept. af Health priar ta burial, crematian, ar remayal, and Inday event, within 72 haurs after death.		22a. I certify that (I) (the saw the deceased drive causes stoted above, (I)	on (did) (did) view the b	965, and that in (my) (a body ofter death.	opinion deot occur	#d on the date and	hour and from the
FE SP		22b SIGNATURE	1 0	ATTENDING	MED. STAI	FF 22c. DATE SIGN	9-68
DiR Sed		Mickel .	found Mi	DEGREE PHYS.	- Pingeron Till	5. [] /~/	7-00
TAL May Page Page Page Page Page Page Page Page		22d. PHYSICIAN'S NAME (Type)	L. J. DAUSC	6 Ag D 6/6 3		ROAD BALT	TO. MD-21706
O HOSPITAL OR ATTEN Page 4 may be retained O ILMERAL DIRECTOR: Adirector, page 3 should should be filed with the		MIGHE		CEMETERY OR CREMATORY	23d LOCATION (Cit		
A H	230	BURIAL CREMATION, 23b. DATE PEMOVAL (Specify) 7/2		ledeemer (emet			,, (sidile)
	24	FUNERAL DIRECTOR	ADDRESS			<i>n.e. ''a nillai</i> Isb Registrar's <b>S</b> ignatu	JRE
VR AT5 (4) 30M REV, 1/68	1	John A. Moran, I		C. DA	JUL 2 3 1968	RCharles Q	ndak.
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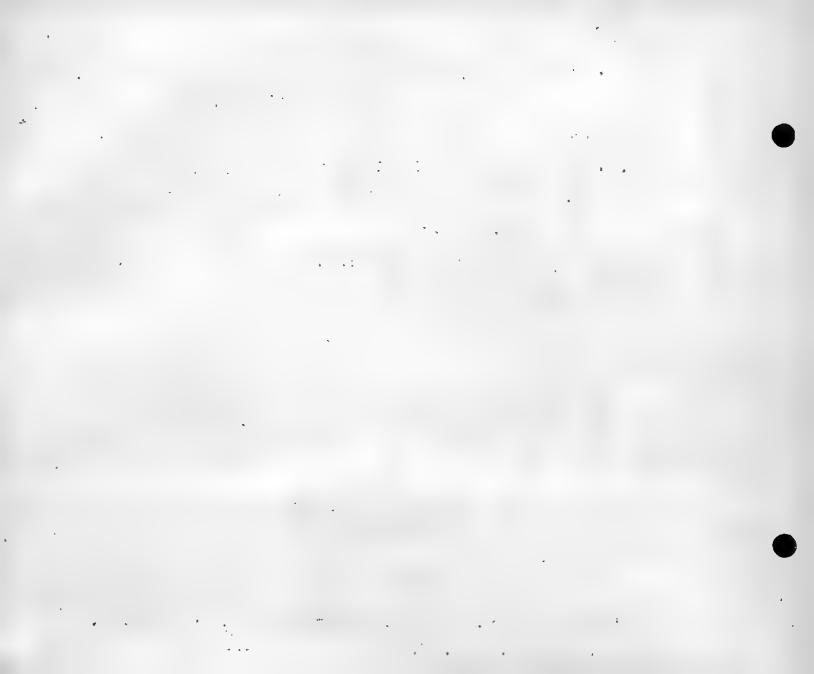
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river and them.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3731
		CERTIFICATE OF DEATH	
£ _7£		DECEASED NAME First Middle Last 2a. DATE OF DEATH	2b HOUR
funeral formal	1 4	Type or print) Nancy MATILDA Sullivan 7 Month 2 Day 68	Year 9 35 A M
	3. SI		DER I YEAR   IF UNDER 24 HRS
age of the second		lost buthday) Month	S DAYS HOURS MIN
S E	<u> </u>	Female Cancasian 3/27/1887 87 YRS	
	ZDU:	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH BALT! MC	ore county
d in pers	1	Junka Staks WIDOWED DIVORCED (Catons wilte)	Md
in 24 in illed in paper thin 72	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12)	b. KIND OF BUSINESS OR
ecuted within 24 completely filled ove carbon pape y event, within 7	C		DUSTRY
ed with		USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITED 13e STREET AND NUMBER	<u> </u>
urbec rver		CTATE IN COUNTY	TREET
execution of the second company of the secon	14		
ond co		0. 3	Lost
and are be		CHARLES WESLEY SULLIVAN HELEN -	COUEU
# / E 3 E		D. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 1 (If yes give word or dates of service) M.	DUANT
mys en en en		Yes, na, or unknown) (If yes give war or dates al service) MRS. MARCELLAS, PRICE EASTON, M	HELLETINA
		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
at the death ce the attending nsit permit. The mation, or remi		PART I, DEATH WAS CAUSED BY	2 in Ca
ne deat attend permit. ion, ar i	1		247
ad di di	1	Oue TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	0 1
mg the state		use to immediate cause (a) (b)	CC 22-9-1
tror by the		stating the underlying cause DUE TO, OR AS ACONSEQUENCE OF	2200
sicoli-indicated		lost (c) Vineralized and residence	1020.
requires that the death certific physician. signed by the attending privs burial-tronsit permit. Then	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	L	4500	
ndi ped at roi	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDI	ERED IN CERTIFYING
atte e o s produce	[ )	YES NO CAUSES OF DEATH?	
or sugar	18	21a ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1	(8)
H To G a			0.)
S ta ta a to	MEDICAL	(It either, notify medical examiner) P.M. 19	
Por Se Por	*	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. (ify at Town Countries Building, Etc.	unty State
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifica je 3 should be detached fo ed with the State Dept. of H	1	ot wark — at wark —	
IN Se ter	1	22a. I certify that (I) (this hospital) attended the deceased fram 17-5-, 1964, to 7-2-, 1967	_, that (i) (We) last
SA PA		saw the deceased alive an	nd haur and from the
A Bing State		causes stated abave, (1) (we) (did) (did nat) view the bady after death.	
With Table 1		226 SIGNATURE 226 DATE STAFF 220 DATE STAFF	IGNED
ed a Sie	1	Malmon K. Jallagy M. Z., DEGREE PHYS. DIRECTOR PHYS.	-68
PITAL may RAL C. Pog	1	22d PHYSICANS 22e. ADDRESS 22e. ADDRESS	4
ERZ and		NAME (Type) Wilmer K. Gallager, Mill - harganish averBalling	21228
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow re Page 4 may be retained by the hospital or attending for FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to	23 a	BURIA. (REMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. [OCATION (City of Town) (Co	upty) (State)
O HO Page direct		(REMOVALISPECITY) LULY 4, 1968 SPRING HILL CEMETERY EASTON TALE	
امرین – –	24.	FUNERAL DIRECTOR ADDRESS JASON. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNA	
VR A15 (4) 30M REV. 1/68	1.3	July Covenany D Hd-Catom self het patill - 5 1868 (Charles	udge
	1	Jane 1	

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8 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		Item#6. FilmGla02 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	732
HEALTH DEPT.		DECEASED NAME First Middle Last 2a, DATE KNOWN XIX Month Do	oy Yeor 2b HOUR
Pogo Is	[	(Type or Print) Clarence Albert Talbert   OF ESTI   7-1-6	8 19 M
delay M3. Po	3 \$	last birthday) MONTHS DAYS HOURS MIN. Month Day	2d HOUR
2, and n. P. 2. and n. 2. and n. P. 2. and n. 2. and n. P. 2. and n. 2		Male   White   10/21/08   895998	8 10:15PA
E E		BIRTHPLACE (State or foreign 75 CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH  11/19/12/14 Co. 14d 11/54 WIDOWED DIVORCED BEST to more	
ooth ages in form	10 (	Tation . Con Data Data Data Data Data Data Data Dat	b. KIND OF BUSINESS OR
ANCR: This certificate should be executed within 24 hours ofter death are certificate, writing the word "pending" in pencil in Item 18 Give Pages 1, should be forworded to the Chief Medical Examiner's Office along with form files.  3 should be used as burial-transit permit file pages I and 2 with the State Denation, or removal, and in any event mation, 72 hours offer death.	4	give street address) during mast of warking life even if retired } \ \text{IN}	pustry onstruction
s offer 18 Giv along with t deoth.		. JSUAL RESIDENCE (Where deceosed rived, f institution Residence before 13c CITY OR TOWN 13d MISTOR CTY LIMITS? 13e. STREET AND NUMBER	
75 o 18 18 2 w 2 w	<u></u>	Idmission) STATE Ld. 136 COUNTY Baltimore Essex (21) YES NO 50 115 Lastern Blv	d
24 hours o in Item 18 r's Office al ss land 2 w rs offer dec	14 F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 nick in I niner's poges I hours o	144	Robert Talbert Elizabeth Long WAS DECEASED EVER IN U.S. ARMED FORCES? [166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	D-33-4-
mine mine pood	()	Yes, no, or unknown) (Hyes give were dates of service) 218 03 2619 Elizabeth Uselton 116 Chestnut	Bellair St Tevas
d with per Exam Exam File		18 CAUSE OF BEATH (Enter only one cruse nor HIM for (a) (b) and (c)	APPROX.MATE INTERVAL BETWEEN ONSET AND DEATH
nding in Medicol E		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Reliable (b) The hem	BELASEN OWSEL WHO DEVIN
Mec mdir		DUE TO, OR AS A CONSEQUENCE OF	
be hief		Canditions, if ony, which gave I rise to immediate couse (a), (b)	
should be ex ne word "pend to the Chief M buriol-transite		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
to the phone to th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
MiNER: This certificate should be executed within 24 hours the certificate, writing the word "pending" in pencil in Item 1.4 should be forworded to the Chief Medical Examiner's Office in files.  a. Should be used as a burial-transit permit File pages I and 2 emation, or removal, and in any event within 72 hours offer demation.		13.2.2. / CONDITION CONDITION CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
writh work work sed	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERAT ON	20 AUTOPSY?
his certi ate, writ e forwo be used removo	STIFIC	WAS PERFORMED?	YES NO
VER: Ti certificc hould be ifes. should I		216 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A M	18)
NER: shoul files. 3 shou ation	MEDICAL	CAUSE OF DEATH P.M 19	Caunty State
조 수 수 는 교 등	-	WHILE AT WORK AT A TORKE AT A TORKE AT A TORKE AT A TORKE AT WORK AT A TORKE AT WORK A	1
AL EXA execute or. Page J for you IOR: Page urial, cre		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	ond in my opinion
bical in director. Postained for DIRECTOR:	1	death resulted from: Natural couses , Accident , Suicide , Homicide , Undetermined manner	]
please e l director retained.		CHIEF MEDICAL EXAMINER	1 .
A de la la serie		SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	iNED///
		EXAMINER'S  NAME (Type)  Theodore Patterson, M.D. 105 Main Stress(Swandy lbkg, or Kobby) 21222	11/08
TO DEPUT necessory the funer S moy be CO FUNER Health	730		County) (Stole)
F G .	1	REMOVAL (Specify)	d.
<b>*</b>	24	FUNEA, DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15ME (5)- 10M REV 1/68	1/2	Mes E. Bruzozinski 1407 Hastern Ave.   DALUL - 8 1968   Charles	00
	-		



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 3 4 CERTIFICATE OF DEATH executed within 24 hours after death. PLACE OF DEATH USUAL RESIDENCE (Where deseased lived of institution, Residence before admission) a. COUNTY MARYLAND E LENGTH OF STAY IN 16 d STREET ADDRES ON A FARM? YES NO DO 3. NAME 01 4. DATE (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR S SEX DATE OF BIRTH last birthday) Months Days Haurs January DIVORCED and in ony WIDDWED 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT foreign country) COUNTRY? during most of working ife, even if retired) - Our rune 13 FATHER'S NAM Address 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war or dates of service) 213-50-72 ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o **Suriol-t** Conditions, if only, which gove rise to immediate couse (a), 204 lars stating the underlying cause has been WAS AUTOPS' PERFORMED? PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 200 ACCIDENT WAS UNDERLYING I 205 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c TIME OF INJURY Month, Day, Year O FUNERAL DIRECTOR: After this Hour a.m Not While factory, street, office bldg , etc.) at work 21. 1 certify that (1) (this haspital) attended the deceased from X, and that death occurred as 25/A M, from causes and an the date stated above saw the deceased plive on. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING DIRECTOR PHYS M.D. 22d ADDRESS 22c. PHYSICIAN'S 21030 NAME (Type) 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL CREMATION. 23b. DATE THEREOF Cockeysville, Md. BUTTA (Specify) Poplar Grove 7**→2**•**→**68 25h REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Wm. Cook-Brooks Towson, Towson, Md.

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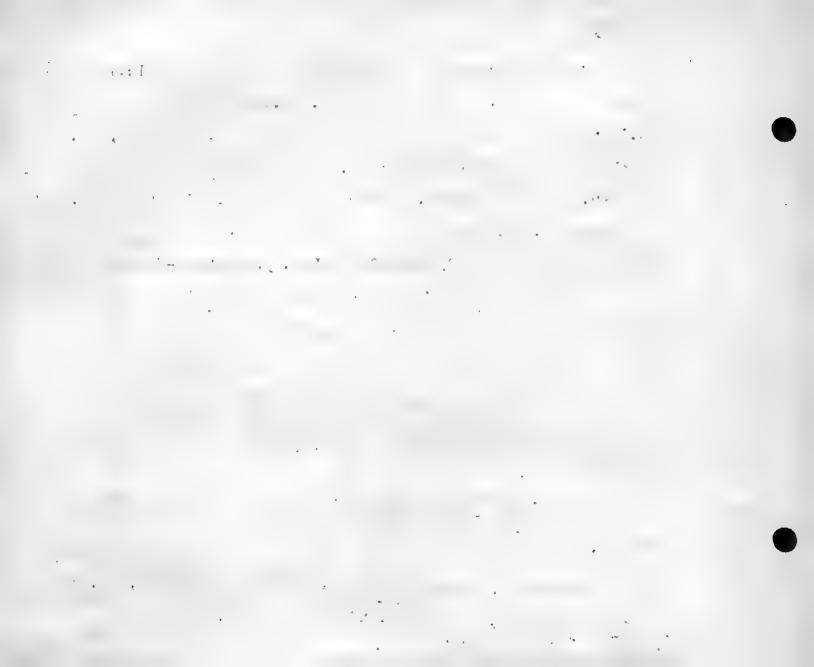
lershin, 1	T 5:	m 21 Film 402 15-68 am EDIVISION OF VITA	MAKYLAND STATE DEP UL RECORDS, 301 W. PRESTO			.\"35
FOR STATE			DICAL EXAMINER'S			· / 0 0
HEALTH DEPT.		EASED NAME First pe or Print)	Middle	Lost	20 DATE KNOWN Month	
to t		William		Thomson	DEATH MATED 4 7	-5 1968 75 M
196	. 3 \$		OF BIRTH 6 AGE (in years 1906) 61 YE	MONTHS DAYS HOURS	R 24 HRS 2c DATE PRONOUNCED DEAD MIN Month Doy	Yeor Yeor
200	70			ARRIED NEVER MARRIED	7 5	196.87:58AM
一直	Conu	y an arrival la Mal		DOWED DIVORCED		Md
Poges	10 (	Y OR TOWN OF DEATH	) NAME OF HOSPITAL OR INSTITUTION	ON (If not in hospito 12a	USUAL OCCLPATION (Kind of work done	126 KIND OF BUSINESS OR
ofter death 8. Give Page along with 1 with the State	Fa	ls Rd. Nr.City I	The Palls Rd	.&Summit AV	ng most of working life, even if tetired)  Right OI Way	Agent-Roads
s offer 18, Giv a along 2 with 1 death.	130	ISJAL RESIDENCE (Where deceosed lived, if n ssion) STATE 136 COU		Y OR TOWN 3d. INSIDE CIT	Y LIMITS? 13e STREET AND NUMBER	
10 - 1		Md.	Bal	20111717	NO□ 4411 Wickfo	
hours Item 1 Office Iand 2 after d	14 1		Middle tast  Thomson	IS MOTHERS MA DEN NAM	E First Middle  Louise	Last Last
hin 24 niner's niner's poges hours	160.	Nelson AS DECEASED EVER IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	Were
within 2 month of a pentil of Examiner Examiner File page 7.7 hours		s, no, ar unknawn) (If yes give war ar dates al s	anoral language			Same)
Ex.		18 CAUSE OF DEATH (Enter only one couse			2	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed rd "pending" in Chief Medical E fransit permit. F		PART I DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o	( ) フェノク	or Mor	mille	Sudden
Me bud			O, OR AS A CONSEQUENCE OF			3 7
d 'pe Chief ransit		Conditions, if ony, which gove trise to immediate cause (a), (b)	O, OR AS A CONSEQUENCE OF		acon	
d dy do		stating the underlying couse DUE	O, OK AS A CONSEQUENCE OF			
ate stag the ed to ed to and in		ART 2 OTHER 5 GNIFICANT CONDITIONS CONT	RIBLTING TO DEATH BUT NOT RELATE	D TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(a)	
writing the working the reported to so or seed on or	162M	173.1			(4)	
is certificate shifte, writing the value forwarded to the used as a buritemoval and in	CERTIFICATION	190 DATE OF OPERATION	195 CONDITION FOR WHICH O WAS PERFORMED?	PERAT ON		20. AUTOPSY?
4 5 0 4	ERTIFI	210 EXTERNAL CAUSE WAS 21b Ti		at now fullar occupies	F. (	YES NO
불ㅎ 골 ~	GAL C	PRIMARY TO OR CONTRIBUTING H	OUR A.M.	·	Enter noture of injury in Port 1 or Port 2,	
INE shou files 3 shou latta			LRY (At home, form, street,	21f LOCATION Street or R.F.D. N		County State
EXAMINER: oge 4 should your fres Page 3 should , crematian,		WHILE MOT WHILE TO FOCTORY, OFFICE	building, etc)			Balto Md.
그 그 있으면 그		22a I certify that I took charg	e of the remains described obo	ve, held an Autopsy	Inspection Inquiry	and in my opinian
SICAL (cror Person Pers	}	death resulted Fram / Natura	causes Accident,	Suicide Hamic	ide 🔲 , Undetermined mannel	
please e director retained.		ACTUAL WOLLD OF	FITTER	CHIEF MEDICA		er etaura /
RAI PIII		SIGNATURE	TT GKJOW		EDICAL EXAMINER CALEXAMINER CALEXAMINER	ENIGNED
ro DEPUTY necessory, p the funeral 5 may be re co FUNERAL Health prior		EXAMINER'S NAME (Type) Charles F.	O'Donnell, M		et, city, town, or county)	3/68
10 mec	<b>2</b> 3a	BUR AL, (REMAT ON, 23b DATE	23c NAME OF CEMETER	RY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
^		REMOVAL (Specify) emation 7/8/68	Greenmou	nt	Baltimore,	Md.
VR A15ME (S)		UNERAL DRECTOR W. Jenkins & Sons	Co. 4905 Yor	k Rd	a 4000 00/4	SSIGNATURE
10M REV 1760	1 **		Pol+012	MA DATE	INF = 9 KOOD 1	0



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1		00000	DIVISION	OF VITAL-RECORDS,	301 W. P	RESTON STREET,	BALTIMORE	, MARYLAND 21201	Ty past en	١. ٥
	I	tem#6,Fil-Gl:03	8/5/48	3 km	CERTIFIC	ATE OF DEA	ATH KK	, MARYLAND 21201	Ty pius e	5 ()
attending physician.  has been signed by the attending physician and campletely filled in by the thoraci use as the bural-transit permit. Then please remave carbon papers Property Ith priar to burial, cremation, or removal approx any event, within 72 hours after death.		CEASED NAME Firs		M.ddle		Last	2a. D	ATE OF DEATH		2b. HOUR □
and and	(Ty	rpe ar print)	ive	Goble	Т	ilden		7 Manth 28 Do	68 Year	2:50 M
i la	3. SE	(	4. RACE			S. DATE OF BIRTH		6 AGE (In years	JE UNDER I YEAR	IF JNDER 24 NRS
		Female		Caucasian		2/10/1	892	tog bighgbyl YRS	MONTHS DAYS	HOURS MIN.
17	7o. B	IRTHPLACE (State or foreign	7b. CITIZEN O	F WHAT COUNTRY?	8. MADDIED I	NEVER MARRIED		ITY OF DEATH		1
	conn	m) N. J.		718N	WIDOWED			Baltimore		Md.
) [	0 CI	TY OR TOWN OF DEATH	1	I NAME OF HOSPITAL OR IN	STITUTION (If n			PATION (Kind of work done		BUSINESS OR
7		BAIT		sheppard and		Pratt	uring most of w	orking life, even if retired.)	INDUSTRY	
	l 3a l	JSUAL RESIDENCE (Where dece	ased lived, if ins	ititution. Residence before	13c. CITY OR		- 1	13e. STREET AND NUMBER		
		sion) STATE Jersey			Morris				ranklin	Village
	14. F.	ATHER 5 NAME First	Midd	A 1	119	MOTHER'S MAIDEN	NAME First	Middle		Lost
		EWBURY	$\mathcal{L}_{\mathcal{L}_{i}}$	GOBI	£	MA	R.Y	Olive	2	
		WAS DECEASED EVER IN U.S. AI	RMED_FORCES? I war or dates of service	16b. SOCIAL SECURITY	NO.   17 1	NFORMANT	,	Address		
-			•					<del></del>	APPRAY	MATE INTERVAL
		<ol> <li>CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST</li> </ol>	only one cause p	er line for (a), (b), and (c)	)					INSET AND DEATH
		IMMED	HATE CAUSE (a)	Arterioscle	rofic	<u>Cardiovas</u>	<u>cular D</u>	isease		
		3431		OR AS A CONSEQUENCE OF						
	- 1	Conditions, if only, which gove rise to immediate cause (a)	(b)_							
		stating the underlying couse	DUE TO,	OR AS A CONSEQUENCE OF						
- 1	- 1	last.	) (c)	DIRECTION TO SELTE DIET	OT DELATED TO	THE TENNELL DOC	LEE DO COMOTIO	N CIVIDA IN DAOT 1/ 1		
	-	PART 2 OTHER SIGNIFICANT CO	DINOTIONS CONTI	KIBUTING TO DEATH BUT N	OI KELAIED IC	THE TERMINAL DISE	AZE OKCOMPILIO	N GIVEN IN PAKT I(0)		
	S S	19g. DATE OF OPERATION 19	CONDITION FOR	WHICH OPERATION WAS PE	DEUDMED	20o. AUTOPSY?		20b. IF YES, WERE FINDINGS	ONSIDEPED IN C	EDTIEVING
1	3	170. DATE OF OFERALION	, complitor for	WINGI OF EXAMON WAS TO	KIOKIKLO	YES 🔀	NO 🗀	CAUSES OF DEATH?		CATH TIMO
1	CERTIFICATION	21a. ACCIDENT WAS UNDERLY	ING 1215 TIN	NE OF INJURY	21c Hr			of injury in Port 1 or Part 2,		
		OR CONTRIBUTING CAUSE OF DE (If either, notify medical exam	ATH HOUR A	.M. Month Day Year		THE HOURT OCCURRED	v (EIIICI 1101010	07 mjary m 1011 7 01 1011 2,	110111 10-7	
1			ninerj   r	P.M. 1 IRY (AT HOME, FARM, STREET, FA OFFICE BUILDING ETC.		CATION Street or R	P.F.D. No.	City or Town	County	State
1	-	While Nat while of wark		OFFICE BUILDING ETC.	,			.,	,	
1			his haspital)	attended the deceas	ed from	March 19	, 19 68 ,	to_July_28, 19	68 , that	(I) (we) last
		22a. I certify that (1) (1 saw the deceased	alive on	July 28	9 <u>68</u> , and	that in (my) (a	ur) apinian d	eath accurred an the do	ate and haur	and from the
		causes stated abo	/e, (I) (we) (c	did) (did nat) view the	body after (	leath.				
		22b. SIGNATURE	-5	11.	araa	ATTENDING	MED DIRECTOR	— STAFE —	DATE SIGNED	
1	Ų	22d. PHYSICIAN'S	61 \$	Hellen	DEGR	111100			7/29/68	}
1		NAME (Type) Joh	n E. Ada	ams, M.D.		G.B.M.	CShep	phard and End	och Prat	t Hosp.
1	23o.	BURIAL, CREMATION, 23b	DATE	23c. NAME OF	CEMETERY OR			LOCATION (City or Town)	(County)	(State)
		7	DATE &	ROSE	DALE			RANGE NICE	<b>T</b> •	
	24.	UNERAL DIRECTOR	1	Back appress	11 3	250	REC'D BY REGIS	440/	SIGNATURE	r.
1		Um. J.	Luch	over on. )	sons	<u>ut</u>	31	1888 Jellan	1	

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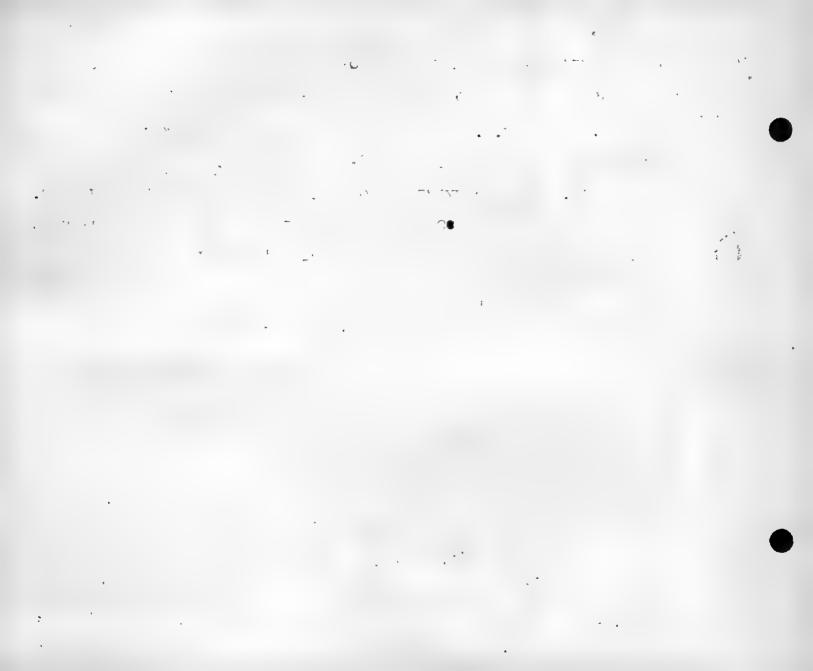
	1			ID STATE DEPARTMENT OF		
		20000	DIVISION OF VITAL RECORDS,	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	PV D HY
		35726		CERTIFICATE OF DEATH		. 0 (
( ) ~ Z		CEASED NAME Firs	Middle	lost	2o. DATE OF DEATH	2b#HOUR
a de	(1	Ype or pnnt) MATT	IE MANESS	TITCHENELL	TTTT Po	1968 11:30
_ 5	3. 51		4, RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   JF UNDER 24 HRS.
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1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	-	RTHPLACE (Stole or foreign	7b. CITIZEN OF WHAT COUNTRY?	T a	9. COUNTY OF DEATH	27.000
ह दें हैं	COU	N. CAROLINA		8. MARRIED NEVER MARRIED WIDOWED DIVORCED		21222
illed paper	10.7	ITY OR TOWN OF DEATH	USA	trust	B ALTIMORI  JAL OCCUPATION (Kind of work done	
语 <sup>年</sup> 音语 ()			g ve street oddress) 2920 SOLLI	during a	nost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY  ROOD STORE
tely with	_	UNDALK				FOOD STORE
sple co	odm	ssion) STATE MD	sed lived, if institution, Residence before	A LISTA		
corr ove y ev	-		BALTO.	DUNDALA	X SASO BOTTE	RS PT. ROAD
ond rem	14.	ATHERS NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		lost
n o se i		LUTHER		MATTIE	SOWERS	
icote b sician splease I, ond i	160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY	NO 17. INFORMANT	Address	S IN # 11
ohys val		es, na, or unknawn) (If yes give	233/36/1	1383 NOAH E. TI	MARIN DINIMENUSBA	
ne death certific ottending phy: permit. Then point, or removal		18. CAUSE OF DEATH (Enter of	nly one couse per lyre for (o), (b), and (c)			APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
affindir.		PART F DEATH WAS CAUS	ED BY IATE CAUSE (c)	Heart' T	aeller	
on, c		9	DUE TO, OKONS A CONSEQUENCE OF	0 1		
the the option		Conditions, if any, which gove	in to ach.	al literus	5 G AMERC	
hat n. by t ons		rise to immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	001		
es t sicio de tal	L	lost.	) ià	0	V	
equires the physician. signed by burial-fron burial-fron burial-fron burial-fron burial, cree		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH BUT A	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
* The law requires that the death certificate be executed within 24 hours or ottending physician. The has been signed by the attending physician and completely filled to by use as the burial-transit permit. Then please remove carbon pages. Pagetth priar to burial, cremation, or removal, and in any event, within that is	l_	1.4			Α,,,	
aw ndin bee th iar t	CERTIFICATION	,	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20g. AUTOPSY?	120b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The ottel has se as the print has	문			YES NO [4	CALISES OF DEATHS	
et e h	EST	210 ACCIDENT WAS UNDERLY	NG 216 TIME OF INJURY		er nature of injury in Part_1 or Port 2,	Item IR1
fice for for He		OR CONTRIBUTING CAUSE OF DE.		~	er skilore or injury in run _ or run 2,	THERT TOLY
PHYSICIAN: the hospitol or this certificate detached for use	MEDICAL	(If either, notify medical exam 2) d. INJURY OCCURRED 2)	niner) P.M.	ACTORY. 1 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
<b>5 PHYSIC</b> the hospi this certi detached		MINUS MOD WHITE	PLACE OF INJURY (AT HOME, FARM, STREET, FA	211. LUCATION STREET OF K P.D. N	o. City or town	Cobility Stole
te e e		of work of work	1 2 1 1 1 1 1 1 1 1	1/ 7/12	C 0 - 1/1 10	1 2 1 2 1 1 1 1
ATTENDING stained by the CTOR: After 1 should be diffith the State	1	22a. I certify that (i) to	his nest that after dead the decease	ed from 19 19 and that in (my) (19 or bady after death.	vinian death accurred an the d	ate and hour and tram the
M. C. J. C. L. C.	1	causes stated abov	re. (Kive) (did) blist not) view the	bady after death.	milati dediti accyrted dir the d	are and noor and train the
A S S S S S S S S S S S S S S S S S S S	95.	22b SIGNATURE			22c	DATE SIGNED
OR ATTENIOR DIRECTOR: A Should ed with the		Theon	, ta llew	DEGREE PHYS	MED. STAFF DIRECTOR PHYS. 7	7/11/1968
AL O D S D D D D D D D D D D D D D D D D D		22d. PHYSICIAN S		22e ADDRESS 34	21 Dundal	/
PIT.		NAME (Type) THEOD	ORE C. PATTERSO	N MD 105 MATI	LST. DUNDALK,	MD.21222
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 bage 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pashould be filed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within	230	BURNAL, CREMATION, 236.	DATE 23c. NAME OF	GEMETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(County) (State)
TO HOSPITAL OR ATTENDING PH Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detac should be filed with the State Dep		REMAUTITON Z	\$12/68 GRE	ENMOUNT	BALTIMORE, MD	
12/1	28	PLIN RAL DIRECTOR	endliery ADDRESS	S 2So. REC'D		S SIGNATURE
30M REV 188	W	BROOKS BRA	DLEY, BUNDALK,	MD. DATE .!	UL 12 1968 /	and hade
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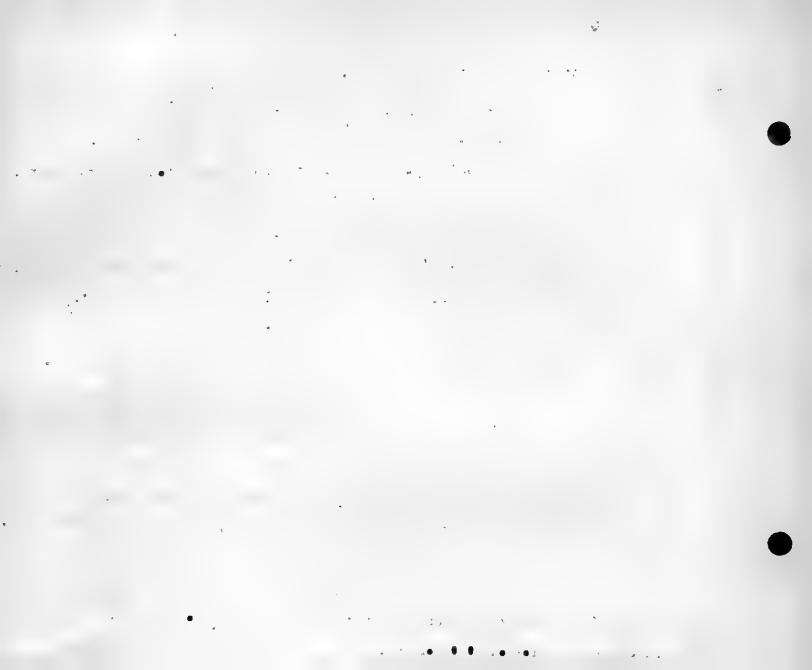


· I (LA)	1	MARTLAND STATE DEPARTMENT OF HEALTH  OF HEALTH  OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	20
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	33
HEALTH DERT.		DECEASED-NAME First Middle Lost , 20 DATE KNOWN TOT Month D	Day Year 2b HQUR
in the second se	(	(Type or Print) Vincent M. Toskes Sn DEATH MATED 7/	, , , , , , , , , ,
delay	3 S	Inch hyphylmal MONTHS DAYS MOURS AS A	2d HOUR
ny de 22 de	L	17 4 5/8/2: 47 YRS 3214 5	Yeor 1968 1 P M
E O		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	, / -
Pages Vith fa	10 /		71270 V C Md 26 KIND OF BUSINESS OR
	1	g ve street, address) / (during most of working life even firetired.) IN	ADUSTRY
after de 8 Give alang w with the		O USJA. RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET AND NUMBER	. )
s often 18 Gi e alang 2 with death	a	admission) STATE Md 136 COUNTY BAHO BAHO YES NO 3116 CAMBUI	idge Dr.
haurs Item 11 Office I and 2	14 [	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
ris O		Paul Toskes Mary Cilletta	
within 24 pencil in xaminer's ile pages 72 haurs	160	O WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes no or unknown) (If yes give war or dates of service)  (Yes no or unknown) (If yes give war or dates of service)	
This certificate shauld be executed within cate, writing the ward "pending" in pencil be farwarded to the Chief Medical Examine I be used as a burial-transit permit. File pagin remaval, and in any event within 72 hau	-	Jes WW 2 210-14-7937 Mrs. Toskes,3116 Cambridge Dr.	21207  APPROXIMATE NTERVAL
be executed "pending" in hief Medical Examples of principles of the property o		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN GISET AND DEATH
xecu ding deding perr		14/09 DUE TO, OR AS A CONSEQUENCE OF	Sudden
shauld be executed ne ward "pending" is a the Chief Medical burial-transit permit.		Cond.trons, if only, which gove	
re Ch al-tra		tise to immediate couse (o). (b)	
share winter writer in a		lost. 4201 (c)	
ertificate shauld writing the ward rwarded ta the Ct sed as a burial-tra aval, and in any		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. D SEASE OR CONDITION GIVEN IN PART 1(0)	
tifica uting arde arde d as	8	Niabetes Mellitus	
te, writin te, writin tarward tarward a used a remaval,	IGAI	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
INER: This certificate, write should be farwaithes ashould be used ashould be used attant or remaya	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	YES NO
R: ertifi uld s sould in, o	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH  P.M. 19	,
	WED		County State
EXAM ute th uge 4 yaur Page , crem		WHILE NOT WHILE foctory, office building, etc.)	
CAL EXPECTOR: Page 94 for y CTOR: P burnal,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection Inquiry ,	and in my apınıan
director.		death resulted from Natural causes 🔀, Accident 🔲, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
durec etaine etaine		ACTUAL ACTUAL CHIEF MEDICAL EXAMINER CON PATE SIGN	7/5/68
ry, preeral derail derail derail derail dereil dere		SIGNATURE ASSISTANT MEDICAL EXAMINER (	ancis are
o DEPUTY necessary, the funeral 5 may be r 5 FUNERAL Health price		EXAMINER'S NAME (Type) 500 PCS N. Tredevick ADDRESS(Street, cty, town, or county) Batho	mo 2/227
ro DEPUTY SICAL R necessary, prease exect the funeral director. Pa 5 may be retained for TO FUNERAL DIRECTOR: Health priar to burial	230	TO BURNAL CREMATION 23h DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION (CIV OF TOWN) 15	County) (Store)
		REMOVAL (Speafy) Rurial 7/8/68 Baltimore National Baltimore Maryls	
Ch	24.	Vitzke Funeral Director, 4101 Edmondson Ave 250 RECU BY REGISTRAY SIG	MATURE
VR A15ME [5] 3 10M REV. 1748		21229	10



08728	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		2739
1. DECEASED NAME First (Type or print) VIRG	Midd e	TREON Lost	2a. DATE OF DEATH 7 Month 24 Day	68'ear 2b. HOUR 2, 35 <sub>M</sub>
3. SEX FEMALE	4 RACE CAU	S. DATE OF BIRTH 08-12-23	6. AGE (In years last Archaday) YRS.	1F JNDER 1 YEAR 1F UNDER 24 HRS. MONTHS DAYS HOURS MIN
7a. BIRTHPLACE (State or foreign country) Penn	76. CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED TNEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md
BALTIMORE	17. NAME OF HOSPITAL OR IN grv <b>G段及為軍王</b> R E CENTE	STITUTION (If not in hospitol 12a USU/ BALTO • MED ICA Buring mi	AL OCCUPATION (Kind of work done ast of work ng life, êven if retired.)	126 KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceo	ed lived, if institution: Residence before 13b. COUNSCHUYL KILI	POTTSVII IME NO	13e. STREET AND NUMBER 317 MAUCH	CHUNK ST.
14. FATHER'S NAME First RICHARD	M.ddle cost	15. MOTHER S MAIDEN NAME F	irst Middle	JENNINGS
	MED FORCES?  ONE  16b. SOCIAL SECURITY	NO. 17 INFORMANT PATIENT'S	CHART Address	
PART I. DEATH WAS CAUSE IMMEDIA  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO  19a. DATE OF OPERATION 19b.  21a. ACCIDENT WAS UNDERLYING	ATE CAUSE (a) Bronchoppe  DUE TO, OR AS A CONSEQUENCE OF  (b) Carcinoma (  DUE TO, OR AS A CONSEQUENCE OF  (c) HOLLION CONTRIBUTING TO DEATH BUT N  CONDITION FOR WHICH OPERATION WAS PE	OF CORVIX WITH VOSI  OT RELATED TO THE TERMINAL DISEASE ORC  RFORMED 200. AUTOPSY?  YES X NO	ONDITION GIVEN IN PART 1(o)  20b IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
at work at work  22a. I certify that (I) (the saw the deceased accauses stated above 22b. SIGNATURE	PLACE OF INJURY ( AT HOME FARM, STREET, FAR OFFICE BUILDING, ETC.	ed fram 7/20, 19.6 968, and that in (my) (aur) api bady after death.	8 , to7/24_, 196 nian death accurred an the dat	DATE SIGNED 7/24/68
230 BJRIAL (REMAT ON, 23b. 728MQVAL (Spority) 24 FUNERAL DIRECTOR	DATE /23c NAME OF Charles	CEMETERY OR CREMATORY  S Barbers Cem.  250. REC D B  DATE JUL	23d LOCATION (City or Town)  TOTIS VILLE  Y REGISTRAR 25b. REGISTRARS	(County) (State)





	1	MAKTEAND STATE	: DEPAKIMENT OF HEALIH PRESTON STREET, BALTIMORE, M	ARYLAND 21201	4.3
FOR STATE	-		R'S CERTIFICATE OF DEA		T =
HEALTH DEPT.		DECEASED NAME First Middle	Last	2a. DATE KNOWN Month Day	Year 2b HOUR
Page 15		(Type or Print)  DAVID	TYBERG	OF ESTI- July	7 1683 740 R
of the second		1951	E (In yours IF UNDER 1 YEAR IF UNDER 24 birthdov) MONTHS DAYS HOURS	Die Child Children of the	Yang 69 4 4 CD
S. S		MALE   WHITE   9-5-30   BIRTHPLACE (State or fareign   7b cit ZEN OF WHAT COUNTRY?	Z YRS.		Year 19 684:40PM
- E &		USSELS BELGUIN U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	GOUNTY OF DEATH BALTIMORE	84.4
	10	CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a USI	UAL OCCUPAT ON (Kind of work done 112b	KIND OF BUSINESS OR
ofter deoth 8. Give Poges along with for with the State Leath.		Baltimore give street address) 6601 DALTON	DRIVE FIE	nast at working life, even if retired.) LINDL LD MANAGER ISA	RAEL BONDS
s ofter 18. Giv along with death.	130	LSUAL RESIDENCE (Where deceased I ved if institution. Residence before	13c CITY OR TOWN 36 INSIDE CTY . A	13e STREET AND NUMBER	
from 18. Office all	-	admiss an) STATE MARYLAND   136 COLNTBALTIMORE	20111010	A 6601 DALTON DRIV	
	14	FATHER'S NAME First Middle .ast  YEHUDA TYBERG		First Middle HAMA KAMIT	Losi EMKOWSKY
hin 24 nord in niner's pages hours	160	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY N		ADDRESS	_MROW3RY
within pencil xamine xamine 72 hou		Yes, na, ar unknawn) (II yes give war or dates of service)	GARLICK FUNERAL	HOME, BROOKLYN, NEU	W YORK
		18 CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND JEATH
be executed "pending" in nief Medical Eansit permit. Fevent within		PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Gunshot wou	ind right temple	<u> </u>	min.(est)
be executivending inef Medica		DUE TO, OR AS A CONSEQUENCE OF			
		rise to immediate cause (a).			
should ne word to the Ch buriof tra		stating the underlying cause   DUE TO, UK AS A CONSEQUENCE OF			
is certificate she, writing the forwarded to the used as a bur emoval, and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	NOT ON GIVEN IN PART 1(a)	
vertificate werting the rworded to rised as a land	8	,			
is certifice te, writing forworde se used os removol, i	- ICAN	19a. DATE OF OPERATION 19b. CONDITION FOR W WAS PERFORMED?			20. AUTOPSY?
This ficote, be for rer	CERTIFICATION	21a EXTERNAL CAUSE WAS 21b. TIME QF. N. URY Month Day, Yea	21c HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2, tem 3:	YES NO R
	MFDICAL	PRIMARY PEOR CONTRIBUTING 3 3 3 40 9 M July 7 19	68 self inflicted		,
(AMINER: te the cert le 4 should vour files. age 3 should cremat an	E E	121d NILIPY OCCUPATION IN a DACE OF MIDVIA hama tarm street	21f LOCATION Street ar R F D Na	,	ounty State
중 등 위 주의 ·		WHILE AT WORK AT WORK ST HOME (AT HOURE, INTIN, STEEL, AT WORK AT WORK ST HOME)	6601 Dalton Dr		imore Md.
ICAL EXAMINER: execute the certor. Page 4 should follow your files. CTOR: Page 3 should burial, cremat ar		22a I certify that I took charge of the remains describe			ond in my opmian
blease explication director efficient		death resulted from Natural causes, Acciden	t 🔲, Suicide 🔀, Hamicide		
ry, plea eral dire be retoi RAL DIR		SIGNATURE S. D. Caples	CHIEF MEDICAL EX	AL EXAMINER 22b DATE SIGN	ED
ory, nero be ERA		SIGNATURE	DEPLITY MEDICAL	EYAMINED IX July 8	3, 1968
TO DEPUTY SICAL Research the funeral director. Po 5 may be retained for TO FUNERAL DIRECTOR: Health prior to burial,		NAME (Type)	Hanover Rd. ADD Redist		
10 mg 4 mg	d	PEMOVAL (Specify)	CEMETERY OR CREMATORY		onty) (State)
to	HEN 24	AOVAL-BURTAL 7-8-68 MT. MC FUNERAL DIRECTOR ADDRE		FAIRVIEW NEW JERS	
VR A15ME (5) 10M REV 1768	S	OL LEVINSON & BROS., 6010 REISTERS		10 1868 Schanles	



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 2a DATE OF DEATH 2b. HOUR rearing physician and campletely filled in by the funeral and the please. I and offerenaval, and in any event, within 72 haurs after death (Type or print) :25PM MALLITAM TYRE ALBERT 4 RACE S. DATE OF BIRTH **JE UNDER 1 YEAR** IF UNDER 24 HRS. 3. SEX AGE (In years certificate be executed within 24 haurs after NEGRO MALE 5/29/91 last birthday) MONTHS 1 DAYS HOURS 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | BALTIMORE, MD. BALTIMORE COUNTY. U.S.A. DIVORCED K WIDOWED I 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital .2a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR VET ADVI during record therking life, even if retired.) CONSTRUCTION FORT HOWARD HOSPITAL 130 USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIMITS? 13e. STREET AND NUMBER admission) STATEMARYLAND 136. COUNTY BALTIMORE 213 LEEDS STREET 3113 YES K NO 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Middle Lost TYRE GEORGINA HALL DANTEL 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, w woknown) 220 03 30 19 CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE MONTHS IMMEDIATE CAUSE (a) \_ director, page 3 shauld be detached far use as the burial-transıt pert shauld be filed with the State Dept. af Health priar ta burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) (cor pulmonare) YEARS rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran stating the underlying causes YEARS (d) PULMONARY FIBROSIS AND EMPHYSEMA PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ADENOCARCINOMA OF THE PROSTATE 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 2Do. AUTOPSY? CAUSES OF DEATH? YES YES X NO [ 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State While Nat while at wark 22a. I certify that \$9 (this haspital) attended the deceased from 5/20/68, 19, ta 7/19/68, 19 saw the deceased alive an 7/19/68 19, and that in \$9\$ (aur) apinion death accurred on the deceased. , and that in (aur) apinian death accurred an the date and have and from the causes stated above, (I)c(we) (did) (didnot) when the body after death. 22c. DATE SIGNED 7/19/68 22b. SIGNATURE ATTENDING MED DIRECTOR DEGREE 22e ADDRESS 22d. PHYSICIANS. QUIROS, M.D. VAH FORT HOWARD, MARYLAND NAME (Type) MARIO J. 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (Stote) 23a BJRIAL, CREMATION, 23b. DATE (County) BUT HE HOLE BALTO. NATIONAL CEMETERY BALTIMORE, MD. 250. RICU BY MIGHT RAPID CORSE. ROMENTAR'S SIGNATUR 24. FUNERAL DIRECTOR RICE FUNERAL HOME, 601 BEARY ST., BALTO., MD. 30M REV, 1/68

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1	1	MAKTLAND STATE DEPARTMENT OF HEALTH		
FOR STATE	١,	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	43	
HEALTH DEPT.	1.0	SECTION NAME FOR ANY TO COMPANY T		lat watta
HEALTH VETT.	(	Type of Print.	Doy Year	2b HOUR
	3. S	ANLES J.M.)  URBANSKI // DEATH MATED  EX 4 RACE   S DATE OF BIRTH   6 AGE (th years   IF LINCER 1 YEAR   F LINCER 24 HRS   2c. DATE PRONOUNCED DEAD	19	^ M
1 2 Z	3. 3	ast birthooy) MONTRS DAYS HOURS M.N. Month DAY	Yeor	2d HOUR
L, 2, 8	70	Male White 4-46-45 63 755 July 17  BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	19 68	8:20
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after deoth 8. Give Poges olong with for with the State		give street oddress). during most of working life even if retired ) ill	NDUSTRY	- 2/
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Her on Her I	14. [	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost	
-1- 4- 1-		SIMON URBANSKI (DECEASED) MARY KUCZ (DECEASE	. )	
not in not in pooles hours	160	WAS DECEASED EVER N J.S. ARMED FORCES? 160. SOCIAL SECURITY NO 17, INFORMANT ADDRESS	L	
w thin pencil Examinal File pdge 72 hou	()	(es, no, or unknown) (If yes give war or dates of service) 3/6-32-6/37 SAM URBANSKI 823 S. BOND S	गण्यसम्ब	
rd w Fee Fee F	F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c))	APPROX MATE BETWEEN ONSET	MTERVA.
be executed pending in nef Medical E ansit permit F event within		PART I DEATH WAS (AUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease	BETAFFU DAZEL	AND UEATH
e execute pending i ef Medical isit permit		HIDE TO, OR AS A CONSEQUENCE OF		
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ertificate should writing the word rworded to the Ci sed os a burial-tre soval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)	<del></del>	
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his certificate one, writing the farworded to be used as a bremoval, and	E E	196. CONDITION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY	?
-C 0 0 D	CERTIFICATION		YES X	ио 🗌
tiffice Id by Uld 1	AL CE	210 EXTERNAL CAUSE WAS 21b TIME OF NJURY Month Doy Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item PRIMARY OR CONTRIBUTING HOUR A.M.	n 18)	
INER: le certif should files. 3 shoul	MEDICAL	CAUSE OF DEATH P.M. 19	, .	
	2	21d IN. JRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while mot while foctory, office building, etc.)	County	State
		AT WORK   AT WORK		
ICAL E exector. Por Port For Port For CTOR:		22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 🗍, Inquiry 🗍,	and in my	y apinian
Se ecto inecto by the part of		death resulted fram: Natural causes X Accident , Suicide , Hamicide , Undetermined manner	٦	
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o DEPUTY SIC, mecessory, pleose ethe funeral director is may be retained FrunERAL DIRECT Health prior to but		EXAMINER'S Charles S. Springate, M.D. DEPUTY MEDICAL EXAMINER LI July NAME (Type)  ADDRESS(Street, city, town, or county)	18, 1968	<b></b>
TO DEPUTY necessory, the funera 5 may be 10 FUNERA Health pr	230	BURIA. CREMATION, 236. DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	County) (St	ote)
			ARYLAN	
OK	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SI		
VR A15ME (5)	0	TOTALLO WEBER'T SONS 100 401. S. CHESTER ST. DATE JL 22 1968 Floor	and hand	~

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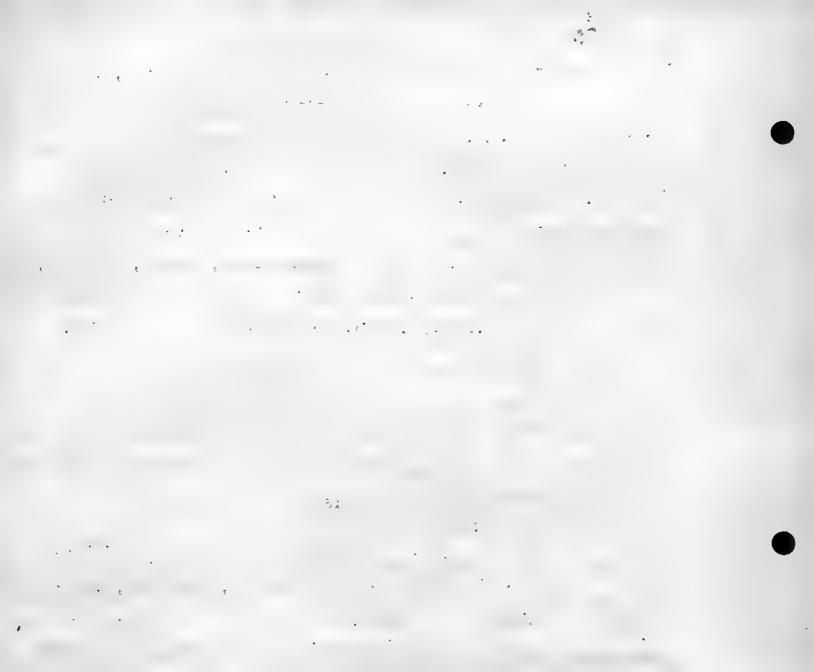
1	MARYLAND STATE DEPARTMENT OF HEALTH  On the state of the	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	44
HEALTH DERT.		3- 68 26 N
delay is	3 SEX 4 RACE 5 DATE OF BIRTH 1892 6 AGE (in years 1 F Linder ) YEAR of Junder 24 HRS. 2c DATE PRONOUNCED DEAD Months OAYS HOURS MIN JULY 39 JU	Yeor 19 68 24 HOUR
Depart	70 BIRTHPLACE (Stote or foreign Country) Maryland 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore	Mi
Give Pages ang with for ith the State	Dundalk gyestreet address field Road kettred or knatretimen then	26 KIND OF BUSINESS OR
de de de	130 USJAL RESIDENCE (Where deceased lived, funstitution Residence before odmission)   STATE   13b COUNTY	Road
	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Herman Wacker Jennie	Boch
n penal in 24 n penal in Examiner's File pages i 72 havrs	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes. no, or unknown)   Willyss one war or dates of service)   220-05-8252   Mrs. Marie Wacker, 441 Westfield	Rd. Dundalk,
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART 1. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a) A S C V D ISC AS	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
× Pu ≰ d ←	Conditions, if ony, which gove )  DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate couse (o), storting the underlying couse lost (c).	
ficate s ing the ded ta as a ba I, and I	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certification of the certifica	190 DATE OF OPERATION  195 COUD T ON FOR WHICH OPERATION  WAS PERFORMED  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day Year. 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item	2D AJTOPSY?
독무 같은	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR AM. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street. 21f IOCATION Street or R.E.D. No. City or Town	
	THE STANDARY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while at work at wo	County State
ICAL EX execution for Page ed for y CTOR: Po burial, c	22a   certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	
please please retained retaine	ACTUAL CHIEF MEDICAL EXAMINER 6800 Morning 22b DATE SU	ngton Rd.
ro DEPUTY necessary, the funeral 5 may be in formal No FUNERAL Health print	EXAMINER'S NAME (Type)  Melvin B. Davis  DEPUTY MEDICAL EXAMINER July ADDRESS(Street, city, town, or county) Dundalk,	7 3, 1968 Md. 21222
TO D	230 BURIAL, CREMATION. REMOVAL (Specify) 23b Date 7/6/68 23c NAME OF CEMETERY OR CREMATORY Holy Rosary Cometery Baltimore	(Stote) • Md
VR ATSME (5)	John J. Duda, 7922 Wise Ave. Dundalk, Md.   250 REC'D BY REG STRAR   250 REGISTRAR 5 SC	



MAKYLAND STATE DEPARTMENT OF HEALTH



1	្រួលកក្ក	DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF F 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		3746
╂	DECEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
ŀ	(Type or print) HENR	Y HOUSTON	WATERS	Month Do	1968 4:30 N
3.	SEX	4 RACE	S. DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	MALE	NEGROID	8-7-93	lost birthdoy) 74 YRS.	MONTHS DAYS HOURS MIN
	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9, COUNTY OF DEATH	
	MARYLAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE	Md
	FORT HOWARD		MIN HOSPITAL during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)  GARDENER	126 KIND OF BUSINESS OR INDUSTRY
00	to. USUAL RESIDENCE (Where deceosed marky LAND	ed lived, if institution: Residence before	CAMBRIDGE YES NO	130. STREET AND NUMBER 130 PINE ST	REET
14	1. FATHER S NAME First	Middle Lost	15. MOTHER S MAIDEN NAME F	irst Middle	Lost
L	CHARLES R WAT			ARY JACKSON	
10	Yes no or unknown) (If yes give w	or ar dates all service)		Address	
L	YES WW	1 217 10 8	289 CLINICAL REC	ORDS, VA HOSP,	FT HOWARD ME
	PART 1 DEATH WAS CALISE	y one couse per line for (o), (b), and (c).			GETWEEN DISET AND DEATH
ı	- IMMEDIA	TE CAUSE (o) CORCOTATEL ATE	TERY THROMBOSIS		RECENT
L	Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF	CATCHECOTTON AND EDEM		RECENT
ı	rise to immediate cause (a),		ONGESTION AND EDEMA	1	MEOGN I
L	stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
1		(C)	OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION GIVEN IN PART 1/n)	
П	4	BITIONS CONTRIBUTING TO DEATH BUT IN	of Reports to the reminde places and	committee of the state (fol	
3	190. DATE OF OPERATION 196 7/18/68 AMP	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200 AUTOPSY?	206. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
1	7/18/68 AMP	JTATION LEFT LEG	YES 🏗 NO	CAUSES OF DEATH?	
, Land	210. ACCIDENT WAS UNDERLYIN			r noture of injury in Port 1 or Port 2,	Item 18.}
3	GOR CONTRIBUTING CAUSE OF DEAT  (If either, notify medical examin	H HOUR A.M Month Day Yeor ner) P.M. 1		• •	
5	21d INJURY OCCURRED 21e.		CODRY.) 21f LOCATION Street or R.F.D. No	City or Town	County State
L	While Not while of work	OFFICE BUILDING ETC	(		
ı	22o. I certify that 10 (th	is hospital) attended the deceas	ed from 5/1/68 , 19_ 19, and that in (DVX (our) api	, to 7/21/68 , 19	), that [() (we) los
L	saw the deceased o	live on 7/21/68	19, and that in (INOX (our) api	inion deoth occurred on the d	ote and haur ond from th
		e, (N) (we) (did) (Aid in all view the	body offer death.	nn.	DATE COLUED
L	22b SIGNATURE	BELLED MS	DEGREE PHYS D	AED STAFF DIRECTOR PHYS D	DATE SIGNED/68
L	29 NT PRYSICIAN'S	a Allerines las	DEGREE PHYS. LJ D	NIKECTOK - PHIS SP	
	NAME (Type) GEOR	GE G. MC ELFATRICK	3.4	TAL, FORTHOWARD	MARYLAND
2	30 BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
	BUKTERTI'Y)	7/27/68 P	ETERSBURG	DOR	CHESTER MD
2	4 FUNERAL DIRECTOR	ADDRESS	2So. REC'D E	BY REGISTRAR 2Sb. REGISTRAR	S SIGNATURE.
L	telerch (			1. 25 1068 year	and have
F	31 7	CAMBRIDGE	, MAKKILANU		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH L. DECEASED-NAME First Middle last 2o. DATE OF DEATH (Type or print) Manth Yeor HARRY MOSER WEBB S DATE OF BIRTH IE LNDER YEAR fremave carban papers. Pages I in any event, within 72 haurs after 3. SEX 4 RACE 6. AGE (In years executed within 24 haurs after last birthday) 79 MONTHS DAYS 8/10/88 MALE CAUCASIAN in by ters. Po 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED M NEVER MARRIED BALTIMORE WIDOWED [ DIVORCED [ completely filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address) Baltimore Md 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY BALTIMORE GREAT BALT MED CENT

13a. USUA. RES DENCE (Where deceased lived, if Institution, Residence before 13c CITY OR TOWN 13d 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission STATE 13b COUNTY YES [ NO Baltimore Towson 912 Southerly Rd 14. FATHER S NAME Lost IS. MOTHER'S MAIDEN NAME First Middle Middle Harry P. Webb Sophia 16n, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknawn) Yes signed by the attending thys burial-transit permit. There burial, crematian, ar remayal, W.W.I 218.22.5508 Hospital Records APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) RESPIRATORY ARREST DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) DIFFUSE PULMONARY CARCINOMA 6 mo rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [X] 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TOR CONTRIBUTING THE CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. County Stote 21d INJURY OCCURRED City or Town While Not while of work \_19 68, and that in (my) (our) opinion deoth occurred on the dote and hour and from the saw the deceased alive on 7/31 1968, and that couses stated abave, (I) (we) (did) (did) rot) view the body after death. Page 4 may be retained 22c. DATE SIGNED 22b, SIGNATURE ATTENDING PHYS STAFF PHYS 7/31/68 DIRECTOR DEGREE 22e ADDRESS 22d. PHYSICIAN S NAME (Type) B.R. FREIDLANDER, M.D. 6701 N CHARLES ST 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (State) (County) 23aJ BURIAL, CREMATION, 23b. DATE Baltimore, Md. 24. FUNERAL DIRECTOR Wm. Cook-Brooks REMOVAL (Specify) 2 2Sb REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 Towson, Md. 21204 DATE AUG 2

MAKTLAND STATE DEPAKTMENT OF HEALTH



_	1			STATE DEPARTMENT OF F		
	П	20234	DIVISION OF VITAL RECORDS, 3		MORE, MARYLAND 21201	` \~48
		0000		ERTIFICATE OF DEATH		
		DECEASED-NAME First (Type or print) Edwa	Middle	Lost	20. DATE OF DEATH Month Dov	Year 261 HOURO
Į.	_	Tidwa		Weber, Sr.	Month July 3,	1968 a. M
1	1 3	Male	4 RACE White	5. DATE OF BIRTH March 29, 1	BOC lost birthday) M	IF UNDER YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN
ŀ	7	BIRTHPLACE (Stote or foreign			9 COUNTY OF DEATH	
	70. COL	BIKINFLACE (Store or foreign	U.S.A.	8. MARRIED X NEVER MARRIED WIDOWED D VORCED	Baltimore County	
ŀ		CITY OR TOWN OF DEATH	13 NAME OF HOSPITAL OR INST		L OCCUPATION (Kind of work done	Md. 126 KIND OF BUSINESS OR
1	70.	Catensville	Spring Grove Sta	ate Hospital	red Electrician	INDUSTRY US Gov t
	130	USUAL RESIDENCE (Where decease	ed lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY LI	MITS? 13e STREET AND NUMBER	
1	odn	Maryland	Prince George's	Bradberry Helights	4907 R Street	5
,	14.	FATHER S NAME First	M.ddle Lost	1S. MOTHER'S MAIDEN NAME F	irst Middle	Lost
		(dec.) Joseph	Webet	140441	ary	Weber
	160	الله الله الله الله الله الله الله الله			Address	7 14 9
ŀ			3/4 -/ 00,	Records: Sp	ring Grove State F	APPROXIMATE INTERVAL
1		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).) D BY			BETWEEN ONSET AND DEATH
		IMMEDIA	ALE CARRE (0) OLEGITTSTILE	bronchopneumonia,	lower lobes	
	ı	Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF			
		rise to immediate couse (a),	(b)			
	П	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
			(c)	REPATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART I(a)	
	_	, ^ / /		iosclerosis, sever		
	ATTON.	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	ORMED 200. AUTOPSY?	20b IF YES, WERE FINDINGS COM	SIDERED IN CERTIFYING
	CERTIFICATION			YES 🛣 NO 🗌	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Port 2, Ite	rm 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	ner) P.M. 19			
	ME	21d INJURY OCCURRED 21a.	PLACE OF INJURY ( AT HOME, FARM, STREET, FACTO	21f LOCATION Street or R.F.D. No.	City or Town	County State
		22a. I certify that (A) (th	is haspital) attended the deceased	from June 21. 19 (	pion double occurred on the date	OO , that N) (we) last
		causes stated abave	is haspital) attended the decease live an <u>July 3</u> 19 e, (!) ( <b>1700/2014</b> (did not) view the b	ady after death.	mon geath accarred an the date	ona nour ona from the
		22b. SIGNATURE	- 141 Ma	1.6	22c. DA	ATE SIGNED
		Much	will hours 1/4			-3 <b>-6</b> 8
1		22d. PHYSICIAN S NAME (Type) Anth	ony J. Young, M.D.	22a. ADDRESS Sp	ring Grove State F Ltimore, Maryland	lospital
	-				23d LOCATION (City or Town)	
	230	BURIAL, CREMATION, REPORT Seeding 7 -	DATE 23c NAME OF C	EMETERY OR CREMATORY Hill Cemetery	Suitland, Marylar	(County) (State)
1	24.	FUNERAL DIRECTOR ilhelm	Funeral Home ADDRESS	25o. REC'D 8	Y REGISTRAR 25b REGISTRAR'S SI	
	4	308 Suitland Ro	. SE., Suitland, M	aryland ALL	1 1968 Jelianle	model.



		MARYLAND STATE DEPARTMENT OF HEALTH	
I I		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 🕟 🧢 4 🔾	
*		CERTIFICATE OF DEATH	
and the same	1 DI	DECEASED NAME First Middle Last 20 DATE OF DEATH 22	. HOUR
death	(1	Type or print) Solomon Weiner July Month 20 Doy 19 year 8 G	38 M
- A-A	3. SE	S DATE OF RIDTH LA DATE IN NORTH IS LINGER YEAR LIFT HAVE	DER 24 HRS.
within 24 haurs after tely filled in by ne fur foon papers. lager to within 72 haus even	3. 3.	hale white 18 nov 1904 loss winhow) YRS. MONTHS DAYS HOURS	S MIN
au you		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 ho 4 in 3 in 72 h	EOUI	mity) Ma WIDOWED DIVORCED Baltimore County	Md.
vithin 24 ly filled in paper within 72		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  12a USUAL OCCUPATION (Kind of work done during prost of working life even in retired.)  13b KIND OF BUSINE	SS OR
with rely boan , wit		Mt. Wilson State Hospital View annaces	
2 2 5 3 2 X	13o.	. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 130 CITY OR TOWN 138 INSIDE CITY LIMITS? 13e STREET AND NUMBER 7	
emplo composition of the composi	aam	mission) STATE MQ 136 COUNTY Saltemore YES NO 5501 Resideratoron C	4
	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	it
Pe De Li	L	Description Weiner Edna Coher	
death certificate be tending physician cerminal. Then please, ar removal, and in		1. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unitnown (types give war or dones of service)  7. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unitnown (types give war or dones of service)  7. INFORMANT  Address  Records Mt. Wilson State Hospital	
1 4 4 2 E		185, no, or uniform; [1795 give wall of looks of Salvette] 218-32-0736 Records, Mt. Wilson State Hospital	FERTINE .
te death certifi attending phy permit. Then ian, ar removal		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	D DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronice Obstructives Corner Deven 20 ye	co.
attendi permit.	1	DUE TO, OR AS A CONSEQUENCE OF	
大学 事 章 章	1	Conditions, if any, which gave (b) (b)	
that that transi	H	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ed ed of the	1	(c)	
4: The law requires that to a attending physician. It has been signed by the use as the bund-transit solth priar ta bund, crema	П	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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low been the right to the right	18	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTBPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYI	ING
: The law ratending e has been use as the old priar ta	CERTIFICATION	YES NO CAUSES OF DEATH?	
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G PHYSICIAN: the haspital ar this certificate detached far u	ME		State
the half		of work of work	
IDING J by th After I be d	1	22a. I certify that (this haspital) attended the deceased from 22 feely, 1960, to 25 feely, 1960, that (1) for saw the deceased alive on 25 feely 1960, and ther in (my) (com) apinion death accurred arithe date and hour and f	<del>waj</del> last
ATTENDING etained by the CTOR: After t shauld be d	1	saw the deceased alive on 2.5 Years, 1900, and the fin (my) (same) apinion death accurred arithe date and hour and find causes stated abave, (I) (same) (did) (did not) view the body after death.	ram the
TI Sain Figure 1	П	22b. SIGNATURE 22c. DATE SIGNED	
OR ATTENDING DE Predicted by DIRECTOR: After je 3 should be	L	DEGREE PHYS. DEGREE PHYS. DIRECTOR STAFF DIRECTOR PHYS.	
		22d. PHYSICIAN'S 22e. ADDRESS	
PITAL OF may be RAL DIR		NAME (Type)William Newcomer, M.D. Mount Wilson, Maryland 21112	
HOSPITAL OR ATTER  1996 4 may be retained  FUNERAL DIRECTOR:  rector, page 3 should hould be filled with the	230	RIPIAL CREMATION 23h DATE 4 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Sto	ate)\
TO HOSPITAL Page 4 may TO FUNERAL director, pog	130	GEMOVA (Specific 7/28 68 moses monthess Balton n	1. K
- F (V)		FUNERAL DIRECTOR 250. REGISTRAR'S SIGNATURE	V- (
VR A13 (4) / 30M REV. 1/68	3	your 5 Levis a Son, at 9610 Restantion R. JUL 29 1968 goliantes Judge	
		~\\\\\\\\\\\\\\\\\\\\\\\\ _\\ \\	



1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH	
death.		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Type ar print)  Acrie Lia "Los er " Mynth Doy Yeor 1: 1	R 1 M
be executed within 24 haurs after death i and campletely filled in by the funeral ermove carban papers. Pages and in any event, within (2 haus after death	3. SE	EX S DATE OF BIRTH 6. AGE (In years 15 UNDER TEAR 15 UNDER 74 H	IRS A.N
nin 24 haurs filled in by poptis. Pe			Md
within 24 ely filled ban papa within		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work done during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work done like)  13 NOUSTRY  14 CONTROL 40	<u></u>
ecuted camples ove car y event	admi	USJAL RESIDENCE (Where deceased lived, if institution: Residence before list city or TOWN ission) STATE and lab county 3alto.   13b county 3alto.   13c city or Town   13d inside city limits   13e. STREET AND NUMBER   13c city or Town ission   13c city or Town ission   13d inside city limits   13e. STREET AND NUMBER   14e. STREET AND NUMBER   14	
be ex n and se rem din an		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost	
abus and a suppose	16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 21/4-20-31/7  17. INFORMANT  10dre: E. Doeilir -707 Tailir Road-2123;	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending perment and campletely filler director, page 3 should be detached for use as the burial-transit permit then please remove carbon pages should be state Dept. of Health priar to burial, cremation, ar removal, and in any event, within		18. CAUSE OF DEATH (Enter any ane cause per live for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave  Inse to immediate cause (a).  (b)	-8
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre	NO	stating the underlying cause   DUE TO, OR AS A CONSEQUENCE OF    ost.   (c)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	=
The la rather a three as as life prior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES NO CAUSES OF DEATH?	
SICIANS Spital a prifficate ed far ed far	MEDICAL C	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)    OR CONTRIBLTING   CAUSE OF DEATH   HOUR A.M. Month Day Yeor (If either, notify medical examiner)   P.M.   19	
G PHY:	~	21d INJURY OCCURRED Wh.le Not while to twork 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County State	_
OR ATTENDING PHYSICIAN: De retained by the haspital or IRECTOR: After this certificate e 3 should be defacted for u		22a. I certify that (I) (this hospital) ottended the deceased from NOVEMBER 1964, to NOVEMBER 31, 1964, that (I) (we) I saw the deceased alive an 7 1964, and that in (my) (our) apiylion death occurred on the date and have and from the causes stated above, (I) (we) (did) (did not) view the body after death.	ast the
OR AT DIRECTOR Short Sho		22b. SIGNATURE Of CONTROL OF THE DEGREE ATTENDING MED DIRECTOR STAFF 1/31/60	
O HOSPITAL Page 4 may O FUNERAL director, page		22d PHYSICIAN'S COLEN C. HETNEITZ 220. ADDRESS PELAIZ ROAD, FALLSTON	/ =
		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stole)  REMOVAL (Specify) Parent Solution (City or Town) (Stole)	
30M REV 1 (30)	24.	FUNERAL DIRECTOR  ADDRESS  250' REC'D BY REGISTRAR  250. REGISTRAR'S SIGNATURE  DAAU 6 1968  Clearles Judge	

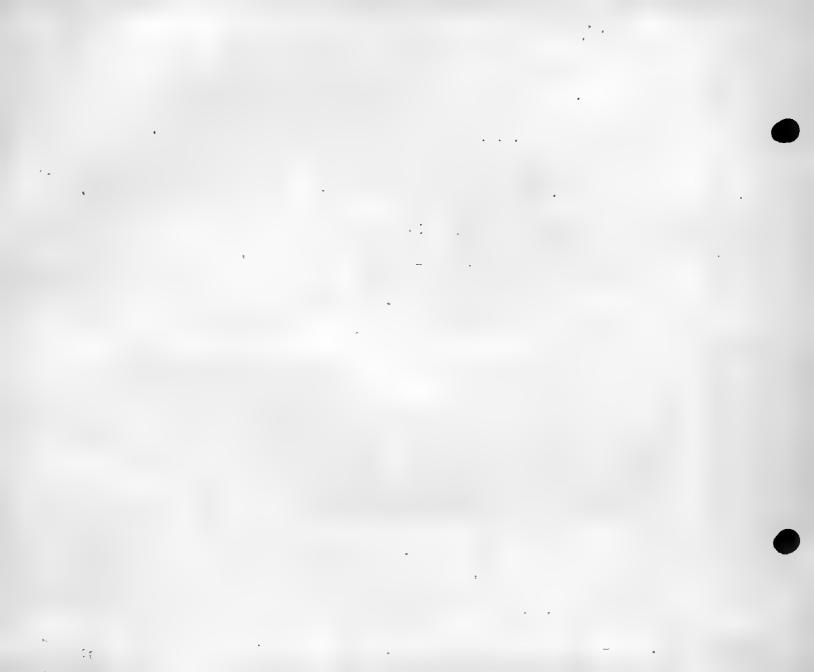


DECEMBEN MANE   Great   Groupe   John   Wild   Did			COMPA		CTLAND STATE DEPARTMENT		
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3. SEX   Male   Minite   Min			ma an indial	0.1	the same of the same	July Month 22 Doy	
The CHING OF DEATH   Country   Manual	3.	SEX		4. RACE	_	6. AGE (In years	
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13. CHY OR TOWN 13. MOSC (TY. DIST) 12. STREET AND NUMBER COMMISSION) STATE (Middle 13. COUNTY BOLLO. SEEX YES NOSE) 4. S. GOELLER AVE.  14. FATHER'S NAME First Middle Lost South State of Hills Social Security NO 17. INFORMANT MAJE FIRST MAJE	10.	). CI1					12b. KIND OF BUSINESS OR WOUSTRY!
The transfer of the process   160 WAS DECEASED FURTH S ARMED FORCES?   160 SOCIAL SECURITY HO   17 INFORMANT   17 Management   Address   Address   78-05-5709   Mrs. Management   40 unabora, 7601   Bagley Ar   78-05-5709   Mrs. Management   40 unabora, 7601   Bagley Ar   180 CIAL SECURITY HO   17 INFORMANT   180 CIAL SECURITY HO   180 CI	. 13a	de U	ISUAL RESIDENCE (Where deceosision) STATE ///d.		before 13c. CITY OR TOWN 13d INSI	DE CITY LIMITS? 13e STREET AND NUMBER	1
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18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (d)  PART I. DEATH WAS CAUSED BY  UMMEDIATE CAUSE (a)  UDE TO, OR AS A CONSEQUENCE OF rise to immediote couse (a), stohng the underlying couse  (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONTRIBUTION OF THE TERMINA DISEASE OR CONDITION GIVEN IN PART I(a)  PART 2. OTHER SIGNIFICANT CONTRIBUTION OF THE TERMINA DISEASE OR C	16	oo Ye	WAS DECEASED EVER IN U.S. ARM s, no, ot unknown) (If yes give w				
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PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLY NOT RELATED TO THE TERMINA, DISEASE OR CONDITION GIVEN IN PART 1(a)  190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY (PES NO DEATH)? 210 RECONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year 19 211 MINURY OCCURRED (Enter noture of injury in Port ? Item 18.)  210 INJURY OCCURRED (Enter noture of injury in Port ? Item 18.)  211 INJURY OCCURRED (Enter noture of injury in Port ? Item 18.)  212 I CERTIFYING 21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No (Ity or Your County Stote of Work of work 19.)  213 I CERTIFY THAT (1) (this haspital) attended the deceased from Surreway 19.07, to July 20., 19.08, that (i) (we) lass saw the deceased alive an august 19.08, and that in (my) (aur) apinion death accurred an the date and haur and from the causes rated above, (i) (we) (did) (did not) view the bady after death.  226 SIGNATURE 44 PHYSICIAN'S NAME (Type) (upone ( Baumann M.D. 20.) 22e. ADDRESS NAME (Type) (upone ( Baumann M.D. 20.) 22e. ADDRESS 22e. ADDRESS NAME (Type) (upone ( Baumann M.D. 20.) 22e. ADDRESS 4113 (astern Ave.	10. 134 144 160 160 170 170 170 170 170 170 170 170 170 17		rise to immediate couse (a),	(b) artive			years
190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   20b. If YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?    210. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port ? or Port 2, Item 18.)		1	ost.	(c) Nur	Whiosoldusis, &	<del>/ _ · _ · · · </del>	7-eales
OR CONTRIBUTING   CAUSE OF GEATH   HOUR A.M.   Month Day Year   19   21d INJURY OCCURED   21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY)   21f, LOCATION Street or R.F.D. No   City or Jown   County   Stote   Office Building, etc.   Office B		-1	4 Heart	failure,	chronic, acom	persated	
OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M.   Month Day Yeor   19   21d   INJURY OCCURRED   21e PLACE OF INJURY (AT NOME FARM, STREET, FACTORY)   21f. LOCATION   Street or R.F.D. No   City or Town   County   Stote   While   of work   Office Building, FIC.   Office Bu	PTIETCATI	KIIFICALI			YES	NO CAUSES OF DEATH?	
While Not while of work of wor			or contributing cause of death	HOUR A.M Month Do	Y Yeor		Item 18.)
causes stated abave, (1) (we) (did) (did not) view the bady after death.  22b SIGNATURE CLYPTER CONTROL OF STAFF PHYS. DIRECTOR PHYS. DIRECTO	*		t work of work		1 1	1 N + 1 00	10
22d PHYSICIAN'S NAME (Type) Eugene C. Baumann M.D. 22e. ADDRESS 413 Castern Ave.			22a 1 certify that (I) (the saw the deceased al causes stated abave	s haspital) attended the ive an, (I) (we) (did) (did nat) vi	deceased from	/	
NAME (Type) Eugene C. Baumann M.D. 413 Eastern Ave.			agu	u C. Dar	DEGREE PHYS L	MED STAFF DIRECTOR PHYS D	pate signed 3, 1968
230 BUR AL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (C by or Town) (County), (Stote)  REMONAL SPECY 1 7/25/68. Holy Redemer (emetery Baltimore, 11d.			NAME (Type)		ann M.D. 41		
	_			7/25/68. Ho.	ly Redeemer (eme	tery Baltimore	2, 111d.
24 FUNERAL DIRECTOR ADDRESS 250, PEGD BY REGISTRIBGS 256/REGISTRIBGS 256/REGIS	0			h One Balta	7. 1	GD BY REGISTRIBES SPANISHEN	Cadaland



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH I DECEASED NAME Middle LTH DEPT Farst 25 НОЦВ 20. DATE KNOWNET Month (Type or Print) WXXXX FRED (MMN) SR. 19 6B 4"M WILKE DEATH MATED Pag 3. SEX 4 RACE S DATE OF BIRTH AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR lost birtho HOUSES 7/13/89 MALE CAU 4 YRS 75 CITIZEN OF WHAT COUNTRY? 7o 8-RTHP\_ACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH (ountry) BALTIMORE WIDOWED [ DIVORCED [ U.S.A GERMANY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 2a. USJAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR g ve street address) during most of working life, even if retired ) INDUSTRY **GBMC** I TOWSON I Own Store Grocer 130 JSJAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS 13e STREET AND NUMBER odmission) STATE MARYLAND COUNTY MT CARMEL ROAD BALT PARKTON YES NO TX Office ond 2 Middle 14 FATHER'S NAME Last 15 MOTHER'S MAIDEN NAME Middle Julius XTERRITY WILKE (NMN) Florentina Birkenhauer 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IAS SOCIAL SECURITY NO pencil 17 INFORMANT ADDRESS (Yes, no. or unknown) PATIENT'S CHART 217-32-9834 No executed wending! APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). the Chief Medical BETWEEN ONSET AND DEAT with PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). event DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .= forworded to PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION 0 removol. nsed 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🖂 NO F 21g. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) plnods PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) HOT WHILE I AT WORK \_\_\_ AT WORK \_ 220 | certify that I took charge of the remains described above, held an Autapsy ... Inspection -Inquiry and in my apinian deoth resulted from - Natural causes Accident Saicide Homicide Undetermined manner D edse CHIEF MEDICAL EXAMINER 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 moy FUNE Health Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) NAME (Type) the 23c NAME OF CEMETERY OR CREMATORY 230 BJRIAL CREMATION 23b DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 7/20/68 Dulaney Valley Cemetery Cockevsville. Maryland 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15ME (5) Wm. Cook-Brooks Towson 1050 York Rd. 21204

MARYLAND STATE DEPARTMENT OF HEALTH



, 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
'	CERTIFICATE OF DEATH	
_~~ i	DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b HO	UR a
ond 2	CATHERINE MARY WILLIAMS / 28 00 p:4	5 M
	FEMALE  4. RACE CAUCASIAN  5. DATE OF BIRTH 9/9/09  6. AGE (In years let whom it is lost buildoy) S8 YRS.  WONTH'S DAYS HOURS HOURS	MIN.
7	a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
,	Maryland U.S.A. WIDOWED E DIVORCED BALTIMORE	Md
1	D. CITA OK TOMAN OF DEVILE AND ALL MODALITY OF INCIDION FLID OLD PROPERTY OF INCIDION (VAIR OF MALK AGUE A L'ESP VIND DE DOZIMEZZO)	R
	Difficulty Ottom Citoria Print 1 - 1 1 - 1 1	—
0	dmissian) STATE Ma.   13b. COUNTY   Baltimore   YES   NO   3029 Fleetwood Ave.	
Ī	4. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost Lost Heck	
ı	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown)  [If yes give wor or dates of service]  16b. SOCIAL SECURITY NO 217-26-1213  17. INFORMANT  John F. Williams  APPROXIMATE INTERVAL	
	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CEREBRAL VASCULAR ACCIDENT  DUE TO, OR AS A CONSEQUENCE OF HYPERTENSION  Storting the underlying cause (a), storting the underlying cause (b)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c)  199. DATE OF OPERATION 199. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	TH
1	YES NO IN CAUSES OF DEATH?	
	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Sto While Not white	
	22a. I certify that (I) (this haspitol) attended the deceased from 7/25, 1968, ta 7/28, 1968, that (I) (NZ) saw the deceased alive an 7/28 1968, and that in (my) (NZ) opinion death accurred on the dote and hour and from couses stated above, (I) (Mz) (did not) view the bady after death.	L last n the
	22b. SIGNATURE  MED. STAFF 22c DATE SIGNED 7/28/68	
1	22d. PHYSICIAN'S NAME (Type) M.N. AL-MUMAYEZ, M.D.  22e. ADDRESS 6701 N. CHARLES ST.	
)	230. BURIAL, CREMATION, REMODINATION, REMODINATION (23b. DATE 7/31/68   23c NAME OF CEMETERY OR CREMATORY Balto, Md. (County) (Stote)	
3	24 FUNERAL DIRECTOR  Leonard J. Ruck Inc. Baltimere, Md.  ADDRESS DATE:  DATE:  DATE:  250. RECT BY REGISTRADS 250 PERARS GNATURE DATE:  DATE:	

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MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3754 CERTIFICATE OF DEATH 1 DECEASED NAME Inst 20. DATE OF DEATH 2b HOUR (Type or pont) Howard S. Willinghan. 4 RACE 3 SEY S DATE OF BIRTH 6. AGE (In veors IF UNDER I YEAR lost birthday) AMONTH'S 1 DAYS Male YRS. 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? certificate be executed within 24 haur 8. MARRIED TO NEVER MARRIED 9 COUNTY OF DEATH Baltimore DIVORCED [ WIDOWED ( and campletely filled 12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working ite, even if retired) production and tampierers event, with Woodmoon Mostern 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13rd INSIDE CITY LIMITS? 13b. COUNTBaltimore 7407 Remoon Rd. Woodmoon IS MOTHER'S MAIDEN NAME First Middle 14 FATHER S NAME Middle Howard Theresa 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, noter unknown) Mrs. Pauline Remoon 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) requires that the death PART 1. DEATH WAS CAUSED BY Carcmon 5 IMMEDIATE CAUSE (6) crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed l PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CAUSES OF DEATH? YES 🖂 NO 🔲 21a, ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEF FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while ot work causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE director, page 3 shauld be filed v 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL CREMATION, (County) (State) REMOVAL (Specify) Woodlawn ADDRESS Windson Mill Rd. Stansbury-6411





		MARYLAND STATE DEPARTMENT OF HEALTH	
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Paging A		REMOVAL (Specify) July 19,1968 Mt. Zion Baltimore Cour	
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
30M REV 1/68		Tipton-Eline Funeral Home, Hampstead, Md.   DANJUL 2 3 1968 Policy	by Judge



	MARYLAND STATE DEPARTMENT OF HEALTH												
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7e BIRT country		76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Md
	OR TOWN OF DEATH Owings Mills	11 NAME OF HOSPITAL OR INS give street oddress) Rosewood	State Hosp. during mo	L OCCUPATION (Kind of work done st of working life, even if retired )	12b. KIND OF BUSINESS OR INDUSTRY none
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24 FUN	VERAL DIRECTOR F. Eline & Sc	ADDRESS Ons Reisterstown.	Md. 250. REC'D BY	registrar 25b. registrars	SIGNATURE SIGNATURE

MAKTLAND STATE DEPARTMENT OF HEALTH



MAKYLAND STATE DEPAKIMENT OF HEALTH



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MAKYLAND-STATE DEPAKTMENT OF HEALTH

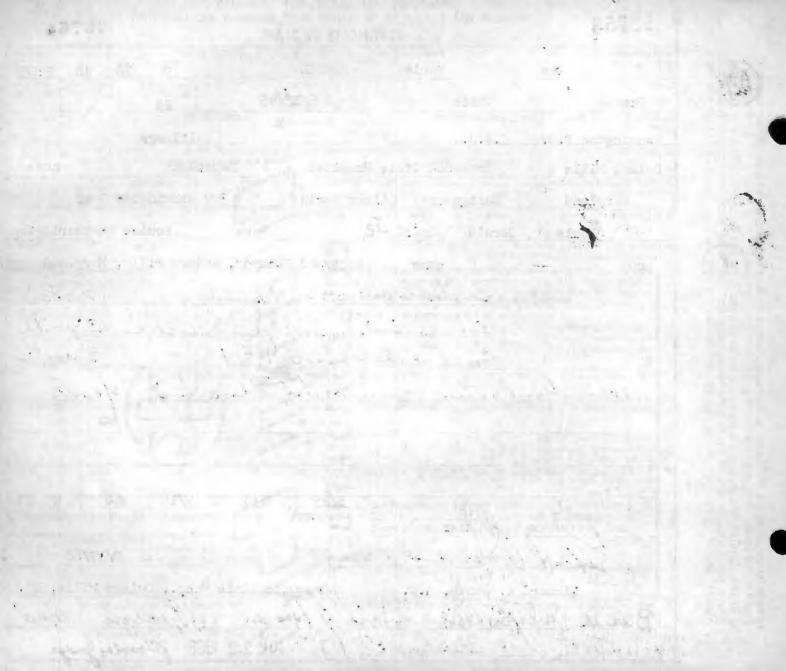
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 9763 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If autside corporate imits, write RURA, and give negrest town) write RURAL and give neorest town) VILLE requires that the death certificate be executed within 24 40 d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RESIDENCE poper nn 72 ON A FARM? U2G TAYLOR in ony event, within NO D corbon NAME OF Middle DATE Doy completely DECEASED OF DEATH (Type or print) SEX 6 COLOR OR RACE 7. MARRIED **NEVER MARRIED** IF UNDER 1 YEAR F UNDER lost birthdoy) Months Hours DIVORCED WIDOWED 10o USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CIT ZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? by the attending physician ransit permit. Then please FICIE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o) signed by the burial-transit i burial, cremoti PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) nse to immediate couse (a). DUE TO stating the underlying couse os the lost. WAS AUTOPSY PERFORMED? PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) of Health NO certificate 200 ACCIDENT WAS UNDERLYING [ 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home form (County) (State) (City and town) Hour om factory street office bidg , etc ) O FUNERAL DIRECTOR: After attended the deceased fram 21. I certify that AM, from gauses and an the date stated above and that death accurred at saw the decease 22o SIGNATURE 22b. DATE S GNED DIRECTOR director, page 3 M.D. PHYS 22d 22c PHYSICIAN S NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, 23b DATE THEREOF (County) (Stote) REMOVAL (Specify) WOODLAWN CEMIETERY 2001+ARFORD 24 FUNERAL DIRECTOR 25M 1/67



MAKTLAND STATE DEPAKTMENT OF HEALTH



MARYLAND STATE PEPARIMENT OF HEALTH 39754 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost. 2a. DATE OF DEATH First 2b. HOUR (Type or print) ORRELL ZUMBRUN JULY 6AM 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday) " IF UNDER I YEAR IF UNDER 24 HRS DAYS white male Sept. 29,1893 Sician and compact. Page please remave carban papers. Page please remave carban papers. 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Manchester . Md USA Baltimore WIDOWED [7] DIVORCED [ the attending physician and completely filled sit permit. Then please remave carban pape 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address)ncr during most of morking life, even if retired) **INDUSTRY** Catonsville Ave. 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) Maryland 13b. COUNTY timore Catonsvil Westshire Dr 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Henry Nelson Zumbrun Ida Rhoades 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknawn) 717-07-8866 Mrs Mary K. Zumbrun 421 Westshire none 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (d) ryelonephitro signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the lath 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO FT of far use of Health 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME, EARM, STREET, EACTORY, ) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this haspital) attended the deceosed from 28 from 1908, to 1000, 1908, that (I) (we) last sow the deceosed alive on 1908, and that in (my) (we) apinion death occurred on the date and haur and from the couses stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 shauld be filed v July 11, 1968 DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 6630 Baltimore National Pike 21228 W. K. Gallager, Jr., M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) July 13-1968 Manchester Cometery Manchester Md 24. FUNERAL DIRECTOR Sterling Juneral Estate 250. REC'D BY REGISTRAR Ochanter naJUL 1 5 1968 736 Edmondson Ave. 30M REV. 1/68 Catonsaille Add 21000

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